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THE

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The Journal of the Australian Branches of the British Medical Association.

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THE MEDICAL JOURNAL OF AUSTRALIA.

VOL. II.—6TH YEAR. SYDNEY: SATURDAY, DECEMBER 20, 1919. No. 25.

An Address.[1]

By J. Ramsay Webb, M.B., Ch.B. (Melb.), F.R.C.S. (Eng.),
Retiring President of the Victorian Branch of the British Medical Association.

My purpose is to attempt to set before you a survey of the external relations of the medical profession in this State.

The most urgent problem before us is to find a solution of our difficulties with the friendly societies. For more than two years it has occupied the attention of this Branch to the exclusion of almost everything that we regard as our proper and peculiar work. But because the problem is a very pressing one and because its satisfactory solution is essential, not more to the dignity and self-respect of the general body of medical men than to the insurance and maintenance of a high standard in the services we owe to the people of the State, we have submitted without complaint to this limiting of our more usual activities. Nevertheless, in what I have to say there will be little reference to the dispute with the friendly societies. Although it represents a very large and important part of our duties to the people, we must avoid the danger of allowing such a pre-occupation to limit or prejudice our view of the general question. For many years past the traditional position of the medical profession has been under searching examination. The development of the State in modern times tends to make it less and less possible for any body of men to maintain an isolated and individualistic position in the increasingly complex social machine and it seems probable that the ever widening and deepening stream of scientific knowledge must work to the same end.

The expansion of the duties of the medical profession, the augmentation of its means of service and the consequent multiplication of its links of relationship with the community at large were, of course, in process of rapid growth for many years before 1914; but it cannot be doubted that they will take on accelerated movement from the impact of war. The task of bringing into action against the Germanic onset the whole of the forces of western civilization and the diversion of the entire energies of the peoples towards that end, not only have resulted in large additions to the sum of positive knowledge, but have opened up lines of thought which cannot fail to impress the social development of the immediate future.

So it is with the individual; surely it is true that no man among us stands exactly where he did. The abrupt derangement of our easy ordered life before the war, the sudden realization that material interests and personal well-being, even family ties, must give place at the need of our country, the loss of friends, the constantly recurring fear that the forces of barbarism might prevail; these things have touched us all and, whether we realize it or not, have given us a keener sense of our wider part in the welfare of the State, or at least have re-activated those impulses towards the service of humanity which are part of our professional inheritance.

The full story of the medical and hygienic achievements of the great war has not yet been written; it will be one of absorbing interest. The care and protection of many millions of men living under all possible variations of climatic and other conditions, under unceasing and desperate strain of mind and body and assailed by weapons of unimagined destructive power, the abolition of many diseases which were formerly the scourge of armies in the field, and the recognition and combating of others previously unknown or unrecognized, the rationing and regimentation of all the European peoples, these are some of the things of which it will tell and it will be the story of the most gigantic effort in the history of man.

While not forgetting the inherent diversity between civil and military modes of government, there surely will be derived from this unparalleled measure of work and experience many lessons applicable to the better governing of the peoples in times of peace. Whatever forms these new developments may take, our profession will have no inconsiderable part to play in their direction and control. The history of the past few years has proved, if proof were necessary, that medical education and training by no means unfit a man for the beneficent exercise of the highest administrative and executive powers. In this knowledge we may find much encouragement.

It seems to me, then, quite inevitable that the future development of State medicine and of the organization of private practice on both the curative and preventive sides must make increasing demands on the profession and greatly extend the range of our activities.

The Department of Repatriation has appointed nearly 600 local medical officers for the after-care of returned soldiers and sailors. Already the work of this Department affords instances of improvement in the means of combating disease. The departmental scheme for the treatment of the 2,000 men who have returned to Australia invalided because of tuberculosis, provides that, after observation and treatment in sanatoria, the patients are classified as either "arrested" or "incurable." The man in whom the disease is regarded as "arrested," is transferred to a "communal farm" where he is instructed in various branches of agricultural work. He is under continuous medical supervision; he receives a sustentation allowance on a sliding scale, varying with the number of his dependants and, if he is married, his wife and family live with him on the farm.

In due course, if his condition improves sufficiently, he is to be provided with some suitable outdoor occupation—preferably on a farm of his own under the soldiers' settlement scheme. Now, simple as it is, this seems to me the realization of an ideal for which the profession has been striving for many years. We are all too familiar with the tuberculous clerk who spends a few months at a sanatorium, resumes his

[1] Delivered at the Annual Meeting of the Victorian Branch of the British Medical Association on December 3, 1919.

office work and his residence in a crowded suburb and, after a year or two of this vicious circle, dies miserably.

The scheme will stand or fall by its results, but at least, and for the first time in this State, there will be available a means of treatment which represents in full our present knowledge of the disease.

Those patients whose cases are regarded as "incurable," will be accommodated in suitable homes under continuous medical observation. I should mention that an inter-departmental committee of the Imperial Parliament, which has lately reported on this subject, expresses opinions almost identical with those which have been arrived at independently by the Commonwealth Department of Repatriation and upon which the above scheme has been based.

The question of alcoholism in repatriated men is one of gravity from the point of view of national well-being. The inebriate, the dipsomaniac, is a class apart. His treatment remains one of the most disheartening of medical problems, but as a result of their service abroad, many men have acquired the habit of over-indulgence in liquor; previously temperate or even a total abstainer, the returned man now indulges in more or less frequent drinking bouts of varying duration and intensity. Often he is a very young soldier who neglects his work and becomes a nuisance and offence in the public streets. Not infrequently he is a neurasthenic or a shell-shocked man. One such man whom I knew, resumed his work immediately on discharge and was able to do it most efficiently. Yet so great was his depression that he fell into the habit of taking an imperial quart of strong red wine every night between dinner and bedtime. It was only with great difficulty that he was able to overcome the habit. For these alcoholics it is proposed to establish a clearing house. Here the discharged soldier found drunk in the street is bathed and cleaned up, put to bed for a time and an effort made to restore his self-respect. When his rehabilitation is complete, he is drafted to a convalescent farm and encouraged to work. Here he may stay until he feels sure of himself. It should be noted that this farm is not to be a special institution for drunkards, but one to which ordinary convalescents, war neurotics and men who have lost the habit of work as a result of prolonged stay in hospital, are also to be sent.

The possibility of the spread of malaria has not escaped the attention of the Department. Local medical officers will be instructed to report all cases of that disease to the Director of Quarantine, who will have the opportunity of making such investigations and employing such measures of prevention as he may think fit.

Thus we find that within a comparatively short time after the cessation of hostilities, there are already in operation new measures, both preventive and curative, which have arisen out of the necessity for restoring to the soldier his civilian status.

I am of opinion that many such extensions and reforms may be expected in the immediate future and their adoption should be rendered easier by our recent experience of what has been accomplished in war areas under the eyes of the soldiers themselves. If these measures prove successful, their application to the civilian population must follow.

It will be our duty to insure that all such proposals as may be adopted have scientific warrant and that their value is not diminished by lax administration.

Apart from the influence of the war and the national effort to repair its ravages, the question of public health has engaged the attention of the laity in increasing measure during recent years. A most disquieting symptom is the hardly disguised attempt to make it a matter of party politics and to use it as a means of furthering social and economic doctrines and sectional interests which are quite foreign to it. It is safe to say that the fantastic proposals which have emerged during recent discussions in the State legislature, would have been impossible had their authors possessed a modicum of scientific knowledge of their subject. It has been hinted that, for reasons best known to themselves, our legislators regard the medical profession with much disfavour. If that is so, it is unfortunate, not for the profession, but for the people of Victoria. I suggest that it is an unsafe foundation for acts of Parliament designed for the public good.

Recently our brethren in Tasmania have had the thunders of excommunication hurled at them; if they do certain things or do not do certain other things, they are to be deregistered and fined. As the Government of Tasmania took the trouble to convey this information unofficially by one of their officials to me, as your President, it is fitting that you should be made aware of it.

But Parliament in this state of mind may be very mischievous to the community. If it seeks to amend the medical acts in order to effect the admission to practice of the incompetent graduates of doubtful schools, it may do something to nullify the efforts of our universities and colleges to maintain a high degree of medical education and to furnish a supply of trustworthy practitioners.

Quite recently we have been accused of taking no interest in the prevention of disease. As a matter of historical fact nearly all progress and reform in public health in this State have been initiated by medical men and made effective by them in the face of fierce opposition by vested interests and of the inertia of Parliament and people.

I may be allowed to remind you of a few instances of the interest the profession has always taken in these questions.

As far back as 1883 Sir Harry Allen and the late Dr. James Robertson drafted model bye-laws for local boards of health and regulations for the suppression of typhoid fever.

In 1884 Sir Harry Allen and the late Dr. Jamieson reported on tuberculosis in cattle.

The labours of the Royal Commission on the "Sanitary State of Melbourne" (1888-89), of which Sir Harry Allen was President and Mr. Syme Secretary, resulted in the provision of a sewerage system in Melbourne, a very great improvement of the water supply of the metropolis and suggestions for the regulation of noxious trades. It is quite unnecessary to mention in detail the innumerable addresses, pub-

lications and scientific investigations having for their purpose the solving of problems of public health, for which members of our profession have been responsible in recent years.

The Australian Institute of Tropical Medicine owes its establishment to the advocacy of the medical profession and the labours of a committee of which Sir Harry Allen was Chairman, while only last year there appeared the report of the Commonwealth Departmental Committee on Mortalities and Invalidity and also the results of Professor Berry's studies on the growth of children.

The Talbot Milk Institute, which owes its existence to the enthusiasm and public spirit of members of this Association, has been in operation for a number of years. It demonstrates practically and successfully the possibility of a clean milk supply; yet it remains just an object lesson. The authorities have been either too dull to comprehend its teachings or too indifferent to apply them. Therefore, the mass of the people remains unprotected against the dangers of unclean milk.

That the duty of maintaining and safeguarding the national health has been performed in a perfunctory and unsatisfactory manner is admitted by all. The Central Board has never laid down a clear and comprehensive policy; while the local boards of health, except in the rarest instances, take a very narrow view of their duties and for the most part fail to exercise the powers with which they are entrusted.

For many years past the profession has urged the imperative necessity of a reformed and extended health organization, but without effect until the present year.

The report on the future of medicine, presented to the Federal Committee by this Branch in December of last year, lays down in some detail the reforms in public health law considered by the special committee to be essential. It cannot be said that the Bill now before Parliament is an ideal fulfilment of these requirements, yet it represents a very definite and considerable advance. Inasmuch as a very large part of the funds available for health services are provided by the municipalities, these bodies must be given considerable powers, but it seems to me that the science of hygiene has outgrown the British tradition which makes public health almost entirely a subject of local administration.

For these reasons we have urged that the usefulness of the Bill depends wholly on the character and status of the commission which it proposes to create. It should be composed of men of proved organizing and administrative capacity adequately provided with the latest scientific knowledge, imbued with the spirit of national service and determined to exercise effectively the powers entrusted to them.

It will be remembered that in an appendix to the report on the "Future of Medicine," by the Federal Director of Quarantine, are set out suggestions as to the co-operation of medical practitioners in the promotion of community health. These suggestions deal only with methods of detection and control of infectious diseases and the implication that at the present time they are in abeyance, is a sad commentary on the state of preventive medicine in Australia.

I am convinced that, if the official machinery is incapable of carrying out this primary function of every health authority, the general body of practitioners will not refuse a so obvious public duty.

But there is an aspect of preventive medicine which the appendix does not touch. It covers almost the whole range of medical practice; its results are not set out in blue books; the statistician takes no cognizance of it; yet every man with long experience in general practice feels that he may perhaps have accomplished something of value in the eradication or mitigating of hereditary ailments in correcting tendencies towards disease and in so delaying the progress of morbid processes as to insure to his patient unlooked for prolongation of comfortable and useful existence. There is something of truth in the popular commendation of the family doctor that "he knows my constitution." Because this part of our work is so difficult of demonstration, we are apt to underrate its value. Perhaps in the future the prevention of special organic diseases may take equal rank with the prevention of infectious disease.

The various stages of the dispute with the friendly societies and the position in which it now stands are so carefully set forth in the Annual Report that any re-statement by me would be superfluous. It is admitted by everyone that the fees paid to medical officers were much too low; yet the origin of the dispute lies far deeper than a demand for an increase in the contract rates of payment. Each year our methods increase in variety and complexity; our leisure hours—always few enough—must be devoted to professional reading so that the development of clinical medicine has made the investigation and treatment of a case of disease a much more laborious, time-consuming and costly operation than it was even so lately as a decade ago. How could men be expected to support such an increasing burden for fees which the friendly societies themselves admitted to be already quite inadequate? For that reason we demanded a revision of the conditions of contract practice. Were we to allow the character and value of our work to deteriorate? That, ladies and gentlemen, was a risk we could not take. Our own self-respect, not less than our professional duty, made it impossible.

The medical institutes will receive from us neither recognition nor toleration in the slightest degree while they remain based on the degradation of medical practice, which the managers of friendly societies hold good enough for the unfortunate people whom they misrepresent.

If there is any thing of truth in our belief that we will be called upon in the future to take an increasing share in the work of the State, it will be more than ever necessary that the doctor should be a man of liberal education.

I admit the weakness of the phrase, but I shall illustrate what I mean by a story told by an old time philosopher. Unfortunately I cannot give you his *ipsissima verba*, but this is the parable: Montaigne, walking one summer's day down a pleasant road in Auvergne, met a school man on horseback to whom he gave greeting; at a little distance behind, mounted on an ass,

rode another. Said the philisopher to the horseman: "Who may your companion be?" "I know not," was the reply; "do you not see that I am a logician, while he is only a grammarian?"

How much happier he who, being an alienist, becomes a pædiatrist and so a social reformer to whom the great ones of the earth look for counsel and guidance.

The medical profession has withstood the strain of war. The call for men for foreign service has on every occasion been answered fully and promptly. Those whose lot it has been to remain in Australia, have cheerfully accepted the additional burden thrown upon them and have done all things possible to safeguard the interests of their absent brethren. We may say without presumption that we have done what was expected of us.

Let it be the aim of every member of the Association to preserve the spirit of unity and the singleness of purpose which have carried us through the tumult of war. Thus may we most surely solve our internal problems, serve our profession and maintain its ancient and honourable tradition of public service.

ANTI-MALARIAL WORK WITH THE AUSTRALIAN MOUNTED DIVISION IN PALESTINE.

Its Relation to the Same Problem in Australia.

By **W. Evans, M.C., M.B. (Sydney),**

Recently Major, Australian Imperial Force, Army Medical Corps, Sydney.

The campaign in Palestine from the standpoint of malaria may be divided into three phases: (1) the advance through Sinai in 1916; (2) the summer of 1917, during which our forces were held up in front of the Gaza-Beersheba line; (3) the capture of Jaffa and Jerusalem, followed by the occupation of Palestine, including the Jordan Valley, during the summer of 1918 and the advance through Syria to Damascus and Aleppo in the autumn of the same year.

Firstly, in the advance through Sinai malaria was practically non-existent, save in the case of one or two regiments, which had previously occupied the Egyptian delta and had there become infected. The absence of malaria at this stage was due to the fact that the water supply was scanty and confined to a few scattered wells and, in addition, the whole native population had been removed and so there was no great reservoir of infection.

In the second phase also, while we were held up in front of Gaza, the malaria factor in relation to the health of the troops was almost negligible and very few primary cases were recorded in the sick reports. The danger, however, was greater as the heavily infected native population still remained and the water supply was larger. It consisted of numerous native wells, a number of open, shallow sumps, excavated by the troops near the beach, where fresh water could always be obtained at a depth of six to eight feet, and, thirdly, chains of water holes, lying in the Wadi Ghuzzi, which ran a mile or two behind our front line and formed our main water supply. Both anopheline and culicine mosquitoes were found breeding here in large numbers in the early summer, but under the direction of Major Austin, of the British Museum, who founded the anti-malarial campaign on this front, energetic steps were taken to eradicate mosquito breeding. This was easily controlled in the case of wells and sumps by covering the surface of the water with a mixture of crude green oil and paraffin in equal parts twice weekly, after removing all weeds which would form shelter for mosquito larvæ and break up the film of oil. The addition of the heavy green oil to the paraffin was necessary, on account of the very rapid evaporation of the latter in the hot climate.

It was found later that oiling was unnecessary in the very open, wind-swept pools, if they were kept quite free from weeds and any irregularities in the banks trimmed away.

Slightly more extensive work was undertaken in the Wadi Ghuzzi, where a number of channels had to be canalized and the luxuriant growth of weeds and algæ necessitated constant attention.

In the third phase our real difficulties began with the advance into Palestine. Malaria, which, until this time, had practically no influence on our "sick" rate, now threatened to undermine the health of our whole army and to prejudice the success of the campaign. Malaria was one of the greatest factors in the defeat of Napoleon's army in this same region a little over one hundred years previously and I am convinced that it exercised a very great influence in the decisive defeat of the Turkish army in 1918, for it fell to my lot to enter almost all the Turkish hospitals on the line of advance of the Australian Mounted Division to Damascus and every one, without exception, was crammed with Turkish soldiers suffering from malaria, many of them in the most advanced stages of malarial cachexia. In addition, a very large proportion of the prisoners taken in the firing-line were weak and anæmic as a result of malarial infection and this undoubtedly had a very deteriorating effect on their fighting capacity.

Our first big advance into Palestine was made in the latter end of 1917 and ended in the capture of Jerusalem and the occupation of the Jordan Valley. Being winter-time, it was practically "closed season" for malaria and very few cases occurred until the spring of 1918. In the early part of May, 1918, after the second Amman-es-Salt operations, it became evident that our Eastern flank could not be pushed on to the high ground east of the Jordan and in consequence our troops would be compelled to hold the Jordan Valley line during the summer. Unfortunately, this task fell to the cavalry and the Australian Mounted Division occupied the northern half of our line in this valley. Strong protests were made from the medical standpoint against keeping the troops in the valley during the summer, as it is a veritable hot-bed of malarial infection and all reports stated that no white troops could live in it during the summer. Military necessity, however, prevailed and we could only endeavour to reduce malarial incidence to the minimum by energetic anti-mosquito measures. Our disadvantage was that, do what we would to eradicate mosquito breeding in our own

lines, the Turk did nothing at all in his, and in consequence we received large numbers of infected mosquitoes from his lines, particularly as the direction of the prevailing wind was from the enemy to us.

The Jordan Valley lies in the centre of a plain about eleven miles wide and some 1,300 feet below sea-level and on either side of the plain the mountains tower upwards for 4,000 feet. It forms a natural incubator for flies, mosquitoes, scorpions, vipers and every other pest known to Nature.

An investigation of all probable mosquito breeding areas in the country occupied by the Division was made soon after it took over the line and revealed a most alarming condition. The Jordan in this area is joined by three tributaries, the Wadis Mellahah, Aujah and Nieuameh.

The Wadi Mellahah proved to be a brackish stream, rising in the Turkish lines to the north and flowing in a south-easterly direction through "No Man's Land" into our territory. Just before leaving the Turkish lines it expanded into huge, reed-covered swamps, which continued for some two miles into our area, and the stream then resolved into a chain of water-holes, connected by a sluggish channel about three feet in width. Its total length within our lines was about five miles and at various points along its course it was joined by small water channels, rising in springs near by and choked with green algæ. Anopheline pupæ and larvæ were literally swarming in this stream and the lives of the unfortunate men in the neighbourhood were made wretched at night by the attacks of legions of adult mosquitoes. An interesting feature noted was that in two or three large pools, where, for some unexplained reason, no weeds obstructed the channel, no larvæ or pupæ could be discovered. This was attributed to the presence of numbers of small fish, about 5 cm. in length, which proved very efficient larvæ destructors in pools such as these, which were free from weeds. Enormous numbers of anopheline eggs were also found along the course of this Wadi and, as pointed out by Major Austin, in variance with the accepted teaching, they occurred always as long, single rows of eggs, resembling in appearance chains of streptococci.

The Wadi Aujah was a clear, rapid stream, about two feet in depth and four yards wide, one bank rising sharply out of the water, with a clear-cut edge, the other bank low-lying and covered with small stones, gradually sloping down into the water. There was a considerable growth of algæ and other weeds in parts of the channel and it frequently divided up into several branches. Large numbers of anopheline larvæ were found among the pebbles in the shallow edge of the stream and wherever sluggish eddies were formed in the irregular margins of the steeper bank and among weeds and algæ obstructing the main course of the stream. This was a great surprise, as we certainly did not expect to find larvæ in such a rapid stream as this.

In the Wadi similar conditions prevailed, but evidence of breeding was not so plentiful.

From both these streams numerous irrigation channels, which had been in existence since the days of Herod, branched off in all directions and also formed a prolific breeding-ground for mosquitoes.

The Jordan River itself, being extremely rapid and with well-defined, regular banks, offered little opportunity for mosquito breeding, and it was not until the late summer that I found some larvæ in a patch of algæ growing on some rocks which projected above the surface of the water in a shallow portion of the stream.

Finally, a large, reed-covered pool, about 100 yards long, 30 yards wide and ten feet deep, was found in the Aujah bridge-head, close by the Jordan, teeming with anopheline and culicine larvæ.

Treatment of Breeding Areas.

An immense amount of labour was necessary to eradicate mosquito breeding and it was only after constant representation that at last sufficient help was given by the executive military authorities and a party of one thousand men made available for the work, under the direction of the Divisional Engineers.

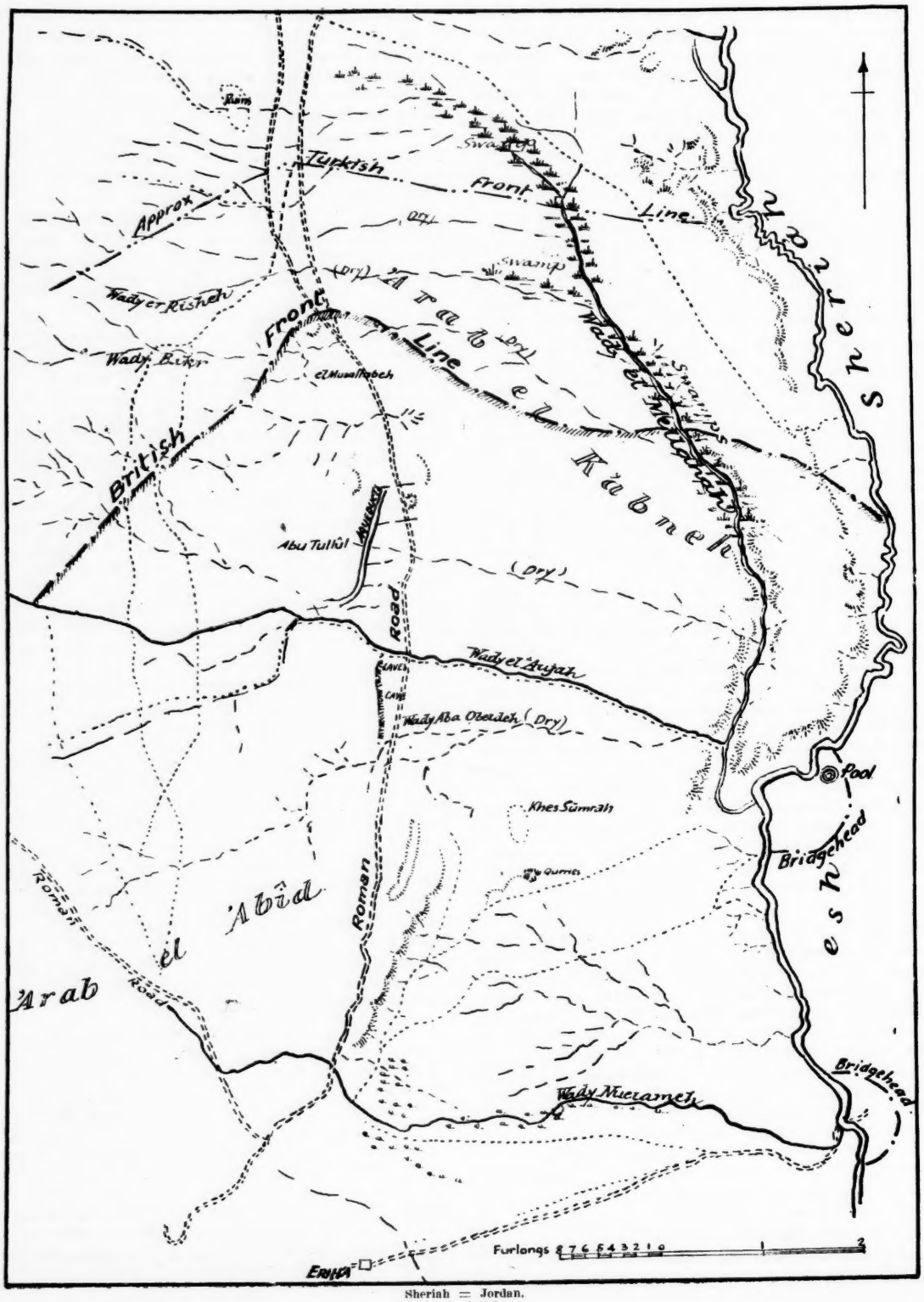
The treatment necessarily varied in the different areas:—

(1) In the Wadi Mellahah a channel some two feet deep and two feet wide was dug through the centre of the swampy area for some miles, with numerous branches radiating out from the sides to drain the edges of the marsh. It was necessary for the working party to wade through fifty yards of swamp to reach the centre and they frequently sank in mud and water up to their arm-pits, so that the task was by no means a pleasant one.

In the lower reaches, where there was a succession of pools and a sluggish connecting stream, the channel was filled in from the sides, the width reduced from about four feet to one foot and the banks made quite smooth and regular. A fresh, straight channel was dug in some places, to avoid sharp, tortuous bends, which reduced the rate of flow of the stream. The work was continued right on into "No Man's Land," but here the enemy made his presence felt by shelling the working party and finally, after he had caused several casualties, the undertaking had to be abandoned. This was unfortunate, as several large swamps lay just beyond this and some of our front line posts were very badly infested by mosquitoes deriving their origin in this area, the result being that, sooner or later, almost every man on these posts developed malaria.

(2) In the Wadi Aujah there were no large swamps to contend with and our energies were chiefly directed to the removal of all weeds obstructing the channel and to the careful training of the margins of the stream. Its width was reduced to about one-half by filling in the shallow side with earth and stones and all irregularities in the steeper bank were trimmed away, so that a free, unobstructed stream was formed, with no sluggish, shallow margins or pockets where shelter would be afforded for breeding.

Small tributaries, deriving their origin from springs near by, proved very troublesome and they had to be carefully canalized and frequently weeded and oiled.



Sheriah = Jordan.
Eriha = Jericho.

Australasian Medical Congress.

ELEVENTH SESSION, BRISBANE, 1920.

The Eleventh Session of the Australasian Medical Congress will be held in Brisbane from August 23 to 28, 1920.

After a lapse of over six and a half years, the Australasian Medical Congress will again meet. At the Auckland Congress, Brisbane was chosen as the next place of meeting and under the presidency of the Honourable W. F. Taylor, M.D..

The resolution of Congress, that future meetings of Congress shall be meetings of the Branches of the British Medical Association in Australasia, has been declared informal, but opportunity will be given for a formal decision as to whether the functions of Congress and its assets shall be taken over by the British Medical Association. This session will meet with the cordial co-operation of the Queensland Branch of the British Medical Association and with the approval of the Federal Committee of Branches in Australia.

Preparations for the Brisbane Session of Congress were begun in July, 1914, with the intention of holding the session in 1917, but the outbreak of war and the participation of the oversea Dominions at the call of the Empire necessarily postponed the meeting indefinitely. Now that peace has been declared and the members of the Army Medical Corps have returned, the Queensland members of the profession hope to extend a hearty welcome to them in Brisbane in August next. Further delay was caused by the influenza epidemic, which interrupted progress for some months.

Dr. W. N. Robertson has accepted the position of Honorary Treasurer and Dr. Wilton Love that of Honorary General Secretary, with Colonel A. Graham Butler, D.S.O., as Coadjutor Secretary. The Governor-General and the Governors of the various States and of New Zealand and the official heads of the Navy and Army in Australia and the Chancellor of the University of Queensland have accepted the office of Patrons of Congress.

The Vice-Presidents of Congress—former Presidents of Congress, now reduced to four—have been asked to accept.

A large and representative Executive Committee has been formed to carry on the work of Congress.

The work of Congress has been divided into eleven sections, as at the Auckland Session, and the following gentlemen have notified their acceptance of the presidency of these sections:—

(1) *Medicine*—R. R. Stawell, M.D., B.S. (Melb.), Melbourne.
(2) *Surgery*—H. S. Newland, D.S.O., M.B., M.S. (Adel.), F.R.C.S. (Eng.), Adelaide.
(3) *Obstetrics and Gynæcology*—Fourness Barrington, M.B., C.M. (Edin.), F.R.C.S. (Eng.), Sydney.
(4) *Pathology and Bacteriology*—W. J. Penfold, M.B., C.M. (Edin.), D.P.H. (Durh.), Melbourne.
(5) *Public Health*—J. H. L. Cumpston, M.D. (Melb.), D.P.H. (Lond.), Melbourne.
(6) *Ophthalmology*—A. Leo. Kenny, M.B., Ch.B. (Melb.), Melbourne.
(7) *Otology, Rhinology and Laryngology*—Herbert W. J. Marks, M.A., M.D. (Camb.), M.R.C.S., L.R.C.P. (Lond.), Sydney.
(8) *Diseases of Children*—W. F. Litchfield, M.B. (Syd.), Sydney.
(9) *Naval and Military Medicine and Surgery*—Colonel G. W. Barber. C.B., C.M.G., D.S.O., M.R.C.S. (Eng.), L R.C.P. (Lond.), Perth.
(10) *Neurology and Psychological Medicine* — H. C. Maudsley, K.C.M.G., C.B.E., M.D. (Lond.), F.R.C.S. (Eng.), Melbourne.
(11) *Dermatology and Radiology*—E. Molesworth, M.B., Ch.M. (Syd.), Sydney.

The following have consented to act as Local Secretaries for the various States:—

New South Wales—F. Brown Craig, M.B. (Syd.), Macquarie Street, Sydney.
Victoria—A. Leo. Kenny, M.B., Ch.B., Collins Street, Melbourne.
South Australia—F. S. Hone, B.A., M.B., B.S. (Adel.), North Terrace, Adelaide.
Western Australia—W. Trethowan, M.B., C.M. (Aberd.), 267 St. George's Terrace, Perth.
Tasmania—E. Brettingham-Moore, M.B., Ch.M. (Syd.), Macquarie Street, Hobart.
New Zealand—Not yet appointed.
Queensland—The Honorary General Secretary and the Coadjutor Secretary.

The Sectional Secretaries of Queensland are as follows:—

Medicine—Andrew Stewart, M.B., C.M. (Glasg.), Wickham Terrace, Brisbane.
Surgery—Donald A. Cameron, M.B., Ch.M. (Syd.), Wickham Terrace. Brisbane.
Obstetrics and Gynæcology—Lilian V. Cooper, L.R.C.P. and S. (Edin.), L.F.P.S. (Glasg.), George Street, Brisbane.
Pathology and Bacteriology—A. W. Dean, M.B., Ch.M. (Syd.), Department of Public Health, Brisbane; and A. Brienl, M.B. (Univ. Prague), Institute of Tropical Medicine, Townsville (joint).
Public Health—J. S. C. Elkington, L.R.C.P. and S. (Edin.), L.F.P.S. (Glasg.), M.D. (Univ. Brux.), D.P.H., R.C.S. (Eng.), R.C.P. (Lond.), Federal Quarantine Department, Brisbane.
Ophthalmology—J. Lockhart Gibson, M.D., C.M. (Edin.), M.R.C.S. (Eng.), Wickham Terrace, Brisbane.
Otology, Rhinology and Laryngology—W. N. Robertson, M.B., C.M. (Edin.), Wickham Terrace, Brisbane.
Diseases of Children—A. Jefferis Turner, M.D. (Lond.), M.R.C.S. (Eng.), D.P.H. (Camb.), Wickham Terrace, Brisbane.
Naval and Military Medicine and Surgery—Colonel G. P. Dixon, C.B.E., M.B., Ch.M. (Syd.), D.P.H. (Vic.), Wickham Terrace, Brisbane.
Neurology and Psychological Medicine—T. H. R. Mathewson, M.B., B.Ch. (Edin.), Brunswick Street, New Farm, Brisbane; and J. R. Nicoll, M.B., C.M. (Aberd.), Asylum for Insane, Willowburn, Toowoomba, Queensland (joint).
Dermatology and Radiology—V. McDowall, M.B. (Syd.), "Preston House," Queen Street. Brisbane.

It is intended that effect be given to the "mandate" from the Sydney Session. 1911:—

> That it be a recommendation to Congress that the permanent settlement of a working white race in tropical Australia be adopted as the principal discussion at the Brisbane Congress when held.

It is confidently expected that there will be a large contribution to the subject of Naval and Military Medicine and Surgery by returned men.

The matter of reduction in steamer and railway fares for members is receiving attention.

The subscription has been fixed at two guineas for Queensland members and one guinea for members of the other States and New Zealand. Intending members are requested to forward subscriptions and notice of their intention to contribute papers to the State Secretary as early as possible.

W. F. TAYLOR, M.D., President.
WILTON LOVE, M.B., Honorary General Secretary.

The Wadi Aujah was one of the principal areas for watering horses and it was most disheartening to find our carefully formed banks constantly trampled down and small pockets formed, which proved ideal places for mosquito breeding.

(3) The method of dealing with irrigation channels was simple; they were cut off at their origin from the main stream and allowed to dry up, greatly to the disgust of the owners of the adjoining fields.

(4) The large pool in the vicinity of the Jordan proved to be a most difficult problem. It could not be drained, as it was lower than the surrounding country, oiling was useless, as it was covered with weeds, which we were unable to remove, on account of the size of the pool, and it was too large to fill in. Finally, an oil engine was transported to it and the water pumped out over the surrounding country, where it soon dried up in the intense heat of the valley.

When the work was finally completed, constant working parties were employed to remove weeds, to repair damage to the banks and to oil the sluggish channels. Inspection was frequently made of the whole area, to insure that no breeding was taking place.

Additional Measures Adopted to Prevent Infection.

On our front line posts, where it was impossible to prevent the visitation of large numbers of mosquitoes from the Turkish lines, anti-mosquito cream, gloves, nets and veils were issued, in an endeavour to protect the men from the adult mosquito.

The cream, gloves and veils were used when the men were on outpost duty in the line, but it was impossible to expect men in the intense heat of the Jordan Valley to muffle themselves constantly with these articles, even when patrolling the malaria-laden swamps between us and the Turk.

Even nets, which at first semed to offer some protection, proved disappointing, as it was difficult to enforce their use strictly and the army allowance of one small net for two men was not adequate.

The conclusion I arrived at was that these additional measures were practically useless under field conditions and that thorough and complete eradication of mosquito breeding was the only solution of the malaria problem.

Prophylactic doses of 0.6 gramme of quinine sulphate in solution were given as an experiment to one squadron in each of two regiments and careful records kept of the malarial incidence in these regiments. The figures showed that, during the immediate period following this time, the percentage of men evacuated from the squadrons taking prophylactic quinine was half that of the remainder of the regiment; but after a longer period had elapsed the figures in all became equalized.

Apparently the dose of 0.6 gramme daily delayed the onset of the disease, but did not prevent it.

Results.

The results obtained from the anti-malarial work, at first sight, appear to be disappointing, as, during each week of our stay in the Jordan Valley, nearly 2% of our men were evacuated to hospital suffering from malaria.

The bulk of these men, however, was undoubtedly infected by mosquitoes deriving their origin in enemy country.

The experience of one particular Australian brigade, which spent one or two nights in the Jordan Valley within the Turkish lines after the break through in October, 1918, showed what might have been the result had no anti-malarial work been carried out in our territory. After the malarial incubation period had elapsed, this brigade lost in one week through sickness nearly 50% of its strength and the following week a further 25%, the sickness being practically all malaria.

The Malarial Problem as it Affects Australia.

In 1917 an exhaustive survey of mosquito breeding was made in the Murray River Irrigation Areas, under the auspices of the Commonwealth Health Department, by Dr. Taylor (*vide* Service Publication No. XII.) and anopheline and culicine mosquitoes found breeding in large numbers through practically the whole area. If anopheline breeding occurs as far south as the Murray River, then it is probably widely distributed throughout the whole of Australia.

Sporadic cases of primary malaria have been reported from time to time in New South Wales and as recently as March of the present year a child of seven years from Wyong was admitted to the Royal Alexandra Hospital for Children, Sydney, suffering from attacks of ague and malaria parasites were found in its blood. The child had never been outside New South Wales.

Even in the British Isles a small outbreak of malaria recently occurred since the return of troops from Salonica and Egypt.

Eighteen thousand potential malaria carriers have just returned to Australia from Palestine and knowing that the anopheline mosquito is present with us, we must surely expect during the coming summer an outbreak of malaria of greater or less severity.

The early investigation and thorough treatment of the primary and also of the secondary recurring cases will be of the utmost importance, in order to lessen their infectivity and, if large numbers of fresh cases do occur, the prompt investigation and complete eradication of anopheline breeding areas will be the only means of saving Australia from the scourge of malaria.

A REPORT OF THREE CASES OF BILHARZIASIS TREATED WITH TARTAR EMETIC.

By **N. Hamilton Fairley, O.B.E., M.D. (Melb.),**

Lieutenant-Colonel (Temporary), Australian Army Medical Corps; Senior Physician, Fourteenth Australian General Hospital.

The recent claims of Christopherson(1) that bilharziasis could be cured by the intravenous administration of tartar emetic naturally has led to the investigation of further cases.

In order to obtain additional data on the value of this treatment, a critical investigation was made in the following three cases, the treatment being controlled by serological examinations, investigation of the eosinophiles and cystoscopy, as well as by the examination of the urine for ova and cellular exudate.

Treatment Employed.

In the most severe case the patient received a total dosage of 3 grammes of tartar emetic; the other two patients received 1.8 grammes each. The initial dosage employed was 0.03 gramme, dissolved in 10 c.cm. of saline solution (0.85%) and thereafter the dose was increased by amounts of 0.03 gramme until the physiological limit was reached. This point was estimated by the amount of the drug which produced paroxysmal coughing and vomiting immediately after injection. It was decided to give slightly smaller doses than this. The amount of each single injection varied from 0.12 to 0.18 gramme in different cases and was administered every second day, at a period of at least two hours after the last meal.

Effect on the General Condition of the Patient.

During treatment all the patients lost considerable weight (3 to 5 kilograms); they did not feel well and were easily tired. One patient had an occasional evening rise of temperature. In all cases, however, after the cessation of treatment the general condition rapidly improved and normal weight was established. No local effect follows the intravenous injection, unless the fluid escapes into the perivenous tissues, when a severe local inflammatory reaction may supervene. In one case only was such a result observed. Local induration, swelling and tenderness were present, but this condition subsided in four days.

Case "A."—The patient gave a history of bathing at Serapeum, in the fresh water canal (Egypt), in May, 1916. Two months later he developed a severe urticaria lasting for one week. Ten months later, in March, 1917, he noticed urethral irritation, followed subsequently by terminal hæmaturia. Subsequent investigation showed terminal spinal ova of *B. hæmotobia* in the urine and fæces. He had an eosinophilia of 28%. The complement-deviation test(2) was strongly positive (P+++). Cystoscopy showed numerous yellowish submucous vesical nodules of 1 to 3 mm. diameter. Several ulcers, with ragged edges and sloughing bases, were situated on the trigone. The effect of treatment is indicated in the following table:—

Date.	Tartar Emetic.	Eosinophilia.	Ova in Urine.	Remarks.
9.4.1919	0.03 gramme	29.0 %	+ for ova	
11.4.1919	0.06 gramme	33.5 %	+ for ova	
13.4.1919	0.09 gramme	35.6 %	+ for ova	
15.4.1919	0.12 gramme	26.0 %	+ for ova	
17.4.1919	0.12 gramme	34.6 %	+ for ova	
19.4.1919	Nil	23.0 %	+ for ova	Attack of renal colic, therefore treatment was suspended
21.4.1919	Nil	31.25 %	+ for ova	
24.4.1919	0.12 gramme	33.0 %	— for ova	
27.4.1919	0.12 gramme	34.75 %	— for ova	
29.4.1919	0.12 gramme	41.2 %	— for ova	
1.5.1919	0.12 gramme	32.75 %	— for ova	
3.5.1919	0.12 gramme	42.5 %	— for ova	
5.5.1919	0.12 gramme	36.0 %	— for ova	
7.5.1919	0.15 gramme	33.0 %	— for ova	
9.5.1919	0.15 gramme	37.4 %	— for ova	
11.5.1919	0.18 gramme	45.25 %	— for ova	
13.5.1919	0.18 gramme	53.8 %	— for ova	
15.5.1919	0.18 gramme	47.5 %	— for ova	
19.5.1919	0.15 gramme	52.0 %	— for ova	
21.5.1919	0.15 gramme	42.75 %	— for ova	
Total ..	2.28 grammes			

Treatment was now suspended. The complement deviation reaction was still definitely positive (P++), though less strong than prior to treatment. The cystoscopic examination showed healing of ulcers in the trigone. The eosinophilia varied during the next fourteen days between 35% and 43.3%. These results were not considered satisfactory and treatment was resumed.

Date.	Tartar Emetic.	Eosinophilia.	Urine.	Remarks.
12.6.1919	0.12 gramme	27.6 %	Neg. for ova	
14.6.1919	0.15 gramme	Not exam.	Neg. for ova	
16.6.1919	0.15 gramme	Not exam.	Neg. for ova	
18.6.1919	0.15 gramme	45.3 %	Neg.	
20.6.1919	0.15 gramme	Not exam.	Neg.	
T't'l dos'ge	3.00 grammes			

On June 25, 1919, the urine still contained no ova and the complement fixation reaction was P+, the eosinophilia equalled 23%. Cystoscopical examination showed that the ulcers on the trigone were now healed and that the yellowish submucous nodules, though still present, appeared to be of smaller size. Vesical symptoms, which had early disappeared, did not return.

Case "B."—This patient gave a history of having contracted infestation by watering horses at Serapeum in March, 1916. He first noted symptoms on March 9, 1919, three years later. Urethral irritation then occurred and was followed by terminal hæmaturia. He also complained of pain in the left loin, radiating to the left testicle. A slight purulent urethral discharge was present, but gonococci were not demonstrated. Urine contained terminal spined ova of *B. hæmatobia*. The eosinophilia equalled 18%. The complement deviation reaction was definitely positive (P++). Cystoscopic examination showed the lateral walls and roof of the bladder to be studded with yellowish submucous nodules. The orifice of the left ureter was of the golf hole type. The orifice was patulous at rest, yawning and circular during the emission of blood-stained urine. Catheterization of the left ureter showed that the pelvis of the left kidney would easily contain 80 c.cm. of collargol.

Date.	Tartar Emetic.	Eosinophilia.	Ova.	Remarks.
9.5.1919	0.03 gramme	Not exam.	+	
11.5.1919	0.06 gramme	19.3 %	+	
13.5.1919	0.12 gramme	Not exam.	+	
15.5.1919	0.12 gramme	22.0 %	+	
19.5.1919	0.15 gramme	Not exam.	—	
21.5.1919	0.12 gramme	19.0 %	—	
26.5.1919	0.15 gramme	18.5 %	—	
28.5.1919	0.15 gramme	Not exam.	—	
30.5.1919	0.15 gramme	18.0 %	—	
1.6.1919	0.15 gramme	Not exam.	—	
3.6.1919	0.15 gramme	14.3 %	—	
5.6.1919	0.15 gramme	Not exam.	—	Patient developed right epididymis and orchitis
7.6.1919	0.18 gramme	Not exam.	—	
8.6.1919	0.12 gramme	17.3 %	—	
Total ..	1.80 grammes			

Sixteen days later the patient had much improved; there had not been a relapse of vesical symptoms. The urine was still free from ova, the eosinophilia was 13% and the complement fixation reaction registered only P+. The cystoscopic picture showed an apparent diminution in size of the submucous nodules, but the left ureteric orifice was still of the same type.

Case "C."—Source of infestation doubtful. Patient had been stationed in Egypt for 21 months. Terminal hæmaturia has been noted for the past five weeks, since April 1, 1919. Urine contained terminal spined ova, pus and red blood corpuscles. The eosinophilia was 7%. Cystoscopic examination showed a small, scanty scattering of yellowish sub-mucous nodules in the sub-mucosa. The complement fixation reaction was P++.

Date.	Tartar Emetic.	Eosinophilia.	Urine.	Remarks.
11.5.1919	0.03 gramme	7.4 %	+ ova	
13.5.1919	0.06 gramme	Not exam.	+ ova	
15.5.1919	0.09 gramme	7.0 %	+ ova	
19.5.1919	0.09 gramme	Nil	+ ova	
21.5.1919	0.12 gramme	8.0 %	+ ova	
26.5.1919	0.15 gramme	8.0 %	—	
28.5.1919	0.12 gramme	Nil	—	
30.5.1919	0.15 gramme	9.0 %	—	
3.6.1919	0.15 gramme	9.6 %	—	
5.6.1919	0.15 gramme	Nil	—	
7.6.1919	0.18 gramme	Nil	—	
8.6.1919	0.12 gramme	5.3 %	—	
10.6.1919	0.12 gramme	Nil	—	
12.6.1919	0.15 gramme	Nil	—	
14.6.1919	0.12 gramme	9.75%	—	
Total ..	1.80 grammes			

Eleven days later the eosinophilia was 2.6% and the complement deviation reaction was reduced to a P±. The cystoscopic picture was very similar to the one already described. Vesical symptoms had disappeared early and had not returned.

Summary of the Results Obtained.

Examination of the Urine.—In all three cases the local symptoms disappeared early in the treatment and did not return. Similarly, ova disappeared from the urine in each case after 0.42 to 0.48 gramme of tartar emetic and did not reappear. Pus cells persisted for a longer period, but finally disappeared in two out of the three cases.

Cystoscopy.—Captain R. H. Silverton, Australian Army Medical Corps, carried out cystoscopical examinations in all three cases. In two cases definite ulcerations of the trigone disappeared during treatment. The yellowish-white sub-mucous nodules, which in all three cases were scattered over the vesical mucosa, were present after full treatment in every case, but these lesions appeared to have slightly decreased in size.

Complement Fixation Reaction. — Elsewhere (2) evidence has been adduced that this reaction would afford an index to the therapeutic effect of any drug on the bilharzia worms. In two cases fourteen days after 1.8 grammes of tartar emetic had been given intravenously the complement fixation reaction changed from a P++ to a P+ and from a P+± to a P± (i.e., a reduction of three minimum hæmolytic doses of complement in each case). In another case 2.28 grammes reduced a P+++ reaction to a P++ and a further 0.72 gramme reduced it to a P+. It appears more than probable that if more time had elapsed after cessation of treatment the complement deviation reaction would have become negative.

Eosinophilia.—The effect of tartar emetic injected intravenously on the eosinophilia was interesting, but more difficult to interpret. Apparently, however, the tendency was for the eosinophilic curve to rise during the treatment and to fall after the intravenous therapy was discontinued. It is necessary, however, to remember that ova, as well as the worms themselves, exert a positive chemiotaxis on eosinophiles. Considering the number of ova imprisoned in the walls of the hollow viscera, it is hardly likely that any treatment could rapidly modify the eosinophilia.

Significance of These Observations.

1. The disappearance of ova from the urine and the amelioration of vesical symptoms proves beyond doubt the beneficial effects of tartar emetic, given intravenously in massive doses, on vesical bilharziasis.

2. The modification of the complement fixation reaction in all these cases certainly proves the lethal action of tartar emetic on the worms themselves and is the surest index to such an effect. Similarly, a temporary increase in the eosinophilia, later followed by a fall, is what one would expect to find on theoretical grounds if the drug were exerting a specific action on the parasites.

3. It is difficult to resist the conclusion that this drug does exert a lethal action on the adult worms if given in massive doses intravenously and though, owing to military exigencies, these patients could not be followed over a greater period of time, the evidence accumulated suggests that this is the case rather than that a temporary sterilization of the female worms has occurred. Further, from the fact that the drug acts directly on the worms themselves, thus preventing further deposition of ova from taking place, but not so much affecting those ova already deposited, an early modification of the cystoscopic picture is not to be expected.

Conclusions.

In view of the above mentioned results and the favourable reports appearing from other observers, it is a matter of importance that patients with bilharziasis in the Commonwealth of Australia should have the benefit of intensive treatment with tartar emetic. Absence of severe vesical symptoms in cases recently infected (three years or less) is not an accurate criterion as to the ultimate prognosis. The facts are that the vast majority of bilharzia infections amongst members of the light horse regiments in Egypt are either double infestations (*B. mansoni* and *B. hæmatobia*) or infestations with *B. hæmatobia* alone. The effects of this latter parasite on the bladder are well known, but it is not generally appreciated that in a large proportion of cases the lower portion of the ureters become involved as well. It is for this reason that renal complications so frequently supervene in chronic bilharziasis. Treatment with intravenous tartar emetic is, *per se*, at least in recent

cases, no more dangerous than is the administration of salvarsan in syphilis.

I wish to state my indebtedness to Lieutenant-Colonel C. Bickerton Blackburn, O.B.E., for his invaluable advice on this subject prior to leaving Egypt, and to my Commanding Officer, Colonel W. L. Kirkwood, O.B.E., for his assistance during these clinical observations.

References.

(1) Christopherson, J. B., *Lancet*, September 7, 1918; *British Medical Journal*, December 14, 1918.

(2) Fairley, N. H., *Journal of the Royal Army Medical Corps*, April, 1919; *ibid.*, June, 1919.

Reviews.

AUTO-EROTISM.

Every sensible person will admit that sex problems constitute an important chapter in life. It is generally recognized that attempts to avoid sex questions lead to disaster. There is no doubt that important results can be attained in the prophylaxis of venereal diseases by well-directed instruction of the young in the physiology of sex. While it is essential that the subject shall be properly understood and that there should be no false prudery impeding the correct handling of it, there need be no dwelling on the unsavoury aspect of the question. The majority of the books on sex matters are directed to the public and, by exaggerating the problems, they serve to create and foster an unhealthy interest on some of the sex pervertions with which the public is or should be little concerned. The world would be better without the majority of these books. Since the advent of Freud's doctrines on psycho-analysis and his unjustifiable diversion of almost everything in life to sexual impulse, there has been a stream of books dealing with the newer forms of sex pathology. We have before us an unimportant contribution to this already large library by one Mr. K. Menzies, a lay person, who considers himself competent to teach the medical profession, as well as schoolmasters and clergymen, the significance of what he calls auto-erotic phenomena.[1] In short, he writes a book of some 94 pages on masturbation. We admit that it is not uninteresting. The writing is clear and good and there is a considerable modicum of truth in his narrative. He is at great pains to analyse the mental state of the erotic individual and he does not hesitate to quote long passages from all the notorious sex writers, when it suits his theme. He would have us trace masturbation to the infantile desire to gratify pleasurable sensations. The infant sucks its thumb as an auto-erotic or pleasure-seeking act. He would have us regard the basis of the infant's love for its mother as a sexual phenomenon and so forth. How easy it is to infuse something that has a semblance of logic into an argument when the facts are freely interspersed with wild fancies and extravagant speculation, can be readily gathered from this book. The chapter on the psychology of masturbation is based on the frailest of fancies. In the chapter entitled "The Pathology of Masturbation" there are some facts, while under the heading of "Ethical Considerations" the author indulges in opinions. In the hands of the trained medical psychologist the book may be of some slight value, in that it causes the reader to question the correctness of some of the older views, which are probably incorrect. In the hands of the schoolmaster the book is likely to be harmful, because it will stimulate him to recognize in the masturbating boy a normal psychological process, which can only be inhibited by indirect and difficult measures. In the hands of the clergyman it is unlikely to do either harm or good, for it will probably be misconstrued and will certainly evoke opposition and dissent. In the hands of the public it will do harm.

We regret to announce the death of Dr. Jacob V. Eccles, of Collins Street, Melbourne, and of Dr. Thomas Thomson Dick, of Diamond Creek, Victoria.

[1] Auto-erotic Phenomena in Adolescence: An Analytical Study of the Psychology and Psycho-Pathology of Onanism, by K. Menzies, with a Foreword by Dr. Ernest Jones; 1919. London: H. K. Lewis & Co., Ltd.; Cr. 8vo., pp. 96. Price, 4s. 6d..

University Intelligence.

THE UNIVERSITY OF SYDNEY.

A meeting of the Senate of the University of Sydney was held on December 1, 1919, at University Chambers, Phillip Street, Sydney.

The Honourable Sir W. P. Cullen was re-elected to the office of Chancellor. The Honourable Mr. Justice Ferguson was re-elected to the office of Vice-Chancellor.

The following committees were appointed:—

Finance Committee: The Chancellor, the Vice-Chancellor, the Warden, Mr. F. Leverrier, Dr. Cecil Purser, the Honourable H. Y. Braddon, M.L.C. Mr. Braddon was also elected a member of the Finance Committee during the absence of His Honour Judge Backhouse.

Buildings and Grounds Committee: The Chancellor, the Vice-Chancellor, the Warden, His Honour Judge Backhouse, Mr. J. J. C. Bradfield, Mr. F. Leverrier, Mr. J. Nangle, Dr. C. Purser, Sir Thomas Anderson Stuart, Professor Warren and Professor Wilkinson.

Organ Committee: The Chancellor, the Vice-Chancellor, Mr. Justice Street, Sir Thomas Anderson Stuart, Professor Fawsitt, Mr. F. Leverrier.

Representatives on the Women's College Council: The Honourable Mr. Justice Street and Dr. G. H. Abbott.

Representatives on the Tutorial Classes Committee: The Honourable Mr. Justice Street and Mr. A. B. Piddington.

Representative on the Worker's Educational Association: Mr. J. Nangle.

University Extension Board.—Ex officio Members: The Chancellor, the Vice-Chancellor and the Warden and Registrar. Members of the Senate: His Honour Judge Backhouse, M.A., Professor M. W. MacCallum, M.A., LL.B., Mr. J. Nangle and the Honourable H. Y. Braddon, M.L.C. Members of the Teaching Staff: Professors T. W. Edgeworth David, C.M.G., D.S.O., B.A., D.Sc., F.R.S., R. F. Irvine, M.A., and W. J. Woodhouse, M.A.; Assistant Professors E. R. Holme, M.A., O. U. Vonwiller, B.Sc., and J. P. V. Madsen, D.Sc., Mr. G. V. Portus, B.A., B.Litt., and Dr. A. E. Mills. Unofficial Members: The Rev. Andrew Harper, M.A., D.D., Messrs. E. S. Edwards, M.A., E. B. Taylor and J. M. Taylor, M.A., LL.B. Secretary: Assistant Professor F. A. Todd, B.A., Ph.D..

The following degrees were conferred in person:—

Master of Arts: Elgar F. Alexander.

Doctor of Medicine: Lennox Graham Teece.

The following degree was conferred *in absentia*:—

Clive Wentworth Thompson.

On the recommendation of the committee appointed to consider the applications for the Chair of Medicine, Mr. Arthur Edward Mills, M.B., Ch.M., was appointed.

The Chancellor reported the receipt of a copy of probate in the will of the late Sir Samuel McCaughey.

The following appointments were made, *inter alia*:—

Additional Examiners in Gynæcology: Dr. J. C. Windeyer and Dr. H. H. Schlink.

Examiner in Veterinary Medicine and Surgery: Mr. Max Henry, B.V.Sc., M.R.C.V.S..

Lectureship in Pharmacology: Miss Mary M. Lilley, B.Sc..

Walter and Eliza Hall Veterinary Science Research Fellowship: Mr. G. F. Finlay, B.V.Sc..

The appointment of Dr. A. W. Dean as Microbiologist, Analyst and Director of the Laboratory of Microbiology and Pathology, Brisbane, has been announced in the *Queensland Government Gazette* of December 13, 1919. The appointment dates from November 30, 1919. Dr. Dean was previously in the Federal Quarantine Service.

It is announced that Dr. A. Mattheson Morgan has been appointed a Member of the State Children's Council of South Australia.

The Medical Journal of Australia.

SATURDAY, DECEMBER 20, 1919.

The Medical Profession and the Public.

It is a healthful practice, the annual pause to review the past and to peer into the future; a philosophic analysis of the signs of the times, an interpretation of the result of endeavour, an attempt to divine what Fate has in store for man. The retiring president of a Branch of the British Medical Association, as the end of his reign approaches, fulfils an inestimable service to his compeers and to the people generally when he translates into words his estimate of the progress made during his term of office and his conception of the more urgent problem awaiting solution. The task is attacked from a new aspect, according to the man essaying it. Some prefer to limit their survey to a small chapter of the history of the immediate past. Some again seek to enhance the value of their remarks by an exclusive treatment of matters concerning which they have gathered special knowledge. The sauce of these epicurean feasts is the imagination of the speaker, the power to indicate the path leading to an improvement of social conditions. The medical profession exists for the public good. A nation of unhealthy weaklings has nothing to expect but continued and continuous decadence. The medical profession is responsible for the physical and mental vigour of each succeeding generation. In Dr. J. Ramsay Webb's masterful address to the Victorian Branch of the British Medical Association we find an immense store of philosophical thought, a succession of sign posts to warn us of the roads along which we may travel comfortably to reach the bottom of the valley and to guide us to the pathway that leads to the summit of our endeavours. In general terms he accepts the need for an ever-changing adaptation of medical energies to the social conditions of the times. He recognizes that the accession of fresh knowledge, the improved environment of the people and the acquisition of experience present to the medical profession fresh problems. But while he tacitly admits that the medical profession needs to readjust itself to the altered conditions of the present day, he wisely reproves those agitators who take advantage of this need, to use the medical practitioner as a tool for party political ends. We have heard much of the political sociologist, with his disregard of scientific knowledge, delivering cheap gibes at the medical profession. His impudent invasion into a sphere that demands prolonged technical training would be immaterial, were it not for the fact that the public does not realize the extent of his ignorance of the subjects involved. To-day Australia requires all the resources of medical science to reduce to a bedrock minimum the loss of working capacity of those who have suffered physically or mentally from the effects of war service. The threatening economic position demands that every man and woman shall be capable of increased production and that every child shall be kept in excellent health, so that the next generation may be able to neutralize the damages of the war. It is with grave misgivings that we see legislators deliberately lower the standard of medical efficiency, utilize the statute book for political purposes to the detriment of the health of the people and sanction the neglect of measures for the improvement of the health of the community because the enforcement of the provisions would entail the expenditure of money which is required for purposes connected with party politics. It would be unwise were we to rest, satisfied with the promise of extended medical energies, indicated by Dr. Ramsay Webb. The medical profession is prone to regard its achievements triumphantly. After all, there is urgent necessity for greater efficiency, for more knowledge and for wider co-ordination. There is much to be done to bring the standard of medical education to a satisfactory level. There is need for a better application of the knowledge already acquired. There is a wide field for renewed endeavours to penetrate the obscurity enshrouding many chapters in medicine. These reforms must come from within the medical profession, for the reformer without lacks the essential knowledge. The lay sociologist, the politician, the agitator and, shall we add, the writer of sensational newspaper paragraphs cannot and will not initiate the right kind of reform. The proposals put forward by these men

would but lead to the destruction of the spirit of independence of the medical profession, a spirit on which progress has been founded in the past and must be founded in the future. They indulge in "endless vortices of froth-logic" as Carlyle puts it. It rests with men like Dr. Ramsay Webb to instruct the public concerning the defects of the existing schemes for the protection against disease and to make it quite clear that the medical profession is now undertaking a reform of vital importance to the race. The public must understand these things, for medicine in the future must be supported to a not inconsiderable extent by legislative measures, of both an enabling and a mandatory nature.

THE TREATMENT OF MALARIA.

The war was the indirect cause of an unknown number of infections among our soldiers and sailors. In some instances the infections are of a resistant nature and the virus persists in the body of the infected persons for indefinite periods. The return to Australia of men with latent or active infections of various kinds is a serious matter, calling for immediate and energetic means of control. The control, to be effective, must be dual. While the health authorities have the task of planning and putting into action preventive measures which may be expected to limit the infections and eventually to exterminate them from the community, the medical practitioner will be required to combat the infection in the individual patient and incidentally to prevent its spread to other individuals. Among these diseases which threaten to cause an incalculable amount of damage to our people, there is one that can be combated with success, provided that a sufficient expenditure of money and energy is forthcoming. It is malaria. In the present issue Dr. W. Evans tells an engaging story of the work accomplished in Palestine and of the difficulties created in the campaign against the mosquito by the indolence and inactivity of the unspeakable Turk. The prophylaxis of malaria in Australia resolves itself into the determination of the culpable mosquito and its elimination. This task should be undertaken. In addition, it is necessary to apply those measures to the infected population that experience in other parts of the world has shown to be of value in the campaign against the disease. The history of the Panama Canal may be of use, although the essential conditions were different. In the Zone the anopheline mosquito, capable of conveying the disease from man to man, existed in super-abundance. The immigrants, on the other hand, were free from infection. In Australia, save in a few districts, the probable carrier of the plasmodium is a new-comer. It seems that the opening up of fresh irrigation areas attracts mosquitoes of many species, so that this necessary expedient is associated with a peculiar danger to the people in whose interests the irrigation of the land is being undertaken. The second difference is that the freshly-arriving or returning population is infected. A great deal of work has been done on the value of quinine as a prophylactic in malaria. The literature on this subject is immense and will probably be out of the reach of the majority of the medical practitioners, especially in the country districts. We can commend an excellent summary of the work that has been carried out in connexion with the preventive and curative treatment of malaria, by Drs. John Cowan and R. H. Strong in *The Quarterly Journal of Medicine*, of October, 1919. These authors discuss the researches of numerous investigators in many parts of the world and add the results of their own experiences. While they are naturally influenced by their own observations, they exercise restraint and a balanced critical judgement in their estimate of the value of the work of others. The evidence of the majority of workers, both in India and elsewhere, goes to show that quinine as a prophylactic is of no value unless given in large doses. It rarely effects a complete protection against infection, although it undoubtedly prevents the clinical manifestations of ague. Moreover, it has been shown that infections that occur, notwithstanding the prophylactic exhibition of quinine, are less amenable to treatment by the same drug than infections in untreated persons. It is therefore doubtful whether quinine should be employed in this manner. If Teichmann's theory be correct, there is an added objection to this early administration of quinine. He argues by analogy that quinine given for a long period of time gradually stimulates the organism to dissociate it with increasing facility. After a time this dissociation of

the drug takes place so rapidly that only a small proportion of the dose enters the circulation, where it could attack the parasites. It has been suggested that quinine does not act directly on the plasmodia, but merely attacks the protoplasm of the red cells. The parasites are thus liberated before segmentation has taken place and their destruction is more readily accomplished by biological means. This theory receives some support from the fact that quinine is a strong protoplasmic poison. It has, however, no direct evidence in its favour.

In the treatment of established infections, certain general principles must be recognized, although success will be found to depend on the individual care given to the patient rather than on any rigid rules of therapeusis of the disease. Considerable light has been thrown on the mechanism of the fever attack by the researches of Ross and Thomson. These workers have shown that the attack of fever is coincident with a large increase in the number of asexual parasites in the peripheral blood. During the intervals between the attacks the blood usually contains a small number of parasites and consequently the absence of fever does not signify the cure of the infection. Large doses of quinine should be given in fresh infections. In the Egyptian Expeditionary Force the routine treatment was to give two grammes of quinine hydrochloride or hydrobromide each day for 21 days. At times four grammes were given as the initial dose. The quinine was given in full doses as long as the fever lasted and for a week longer. The dose was then reduced to two grammes. In recurrent infections the amount of quinine given should be the minimum that will cause the symptoms to disappear. Great emphasis is laid on the fact that relapses are often determined by a lowering of the resistance of the individual. If the cause of this deterioration of the biological defence of the individual can be determined, it should be removed. The general condition should be improved by a suitable diet, rest and graded exercise in sea or mountain air and the treatment of concurrent illnesses. It has been found by experience that quinine is often incapable of improving the condition of the patient until the general bodily strength has been raised by these means. In some cases quinine is powerless to cope with the infection under any circumstances. Arsenic may be of great value in these cases. A few clinicians have obtained good results with arseno-benzol drugs.

There is one essential point to which we would direct the attention of all practitioners. It is that the diagnosis of malaria cannot be made without the detection of the plasmodium under the microscope. Blood slides should be made before a single dose of quinine is given, as this drug often renders the search fruitless or extremely difficult. As soon as a positive diagnosis is made, quinine should be employed, if it can be tolerated. It is rational to aim at the introduction of a sufficient concentration of the quinine in the blood to bring about the dissolution of the plasmodium. It has been shown that quinine passes rapidly out of the blood stream. Consequently, it may be impossible to effect a sterilization by its means alone. Playing with the drug is detrimental to the patient, for it is a dangerous drug and damages the tissue cells. In addition, useless medication in the past compromises the chances of success with quinine in any given attack.

THE REACTION OF BACTERIOLOGICAL MEDIA.

It has long been known that the reaction of the medium influences the growth of bacteria. Many observers have noted that there is an optimal reaction for growth, although some bacteria will grow in media within a wide range of reaction. There are, however, other bacteria which will only multiply within a limited range of reaction. Until the last few years the reaction of bacteriological media was expressed in terms of the amount of normal or decinormal solution necessary to bring the medium to neutrality, either litmus paper or phenolphthalein solution being used as an indicator. Later experience has shown that these titration tests do not give the true reaction when carried out in media of different compositions and that different individual workers obtain widely divergent results in titrating the same culture medium. These errors in tiration are partly due to the personal equation of the colour sense of the manipulator, but are caused for the most part by the indefinite end-point to the titration. Near the end of the titration there is a zone in which the addition of acid or alkali leads to little change in colour in the indicator.

The true reaction of any fluid is measured by the number of hydrogen ions present in it. An accurate determination of the concentration of hydrogen ions is made with the hydrogen electrode. The difference in electrical potential established by the transfer of hydrogen ions from the electrode saturated with hydrogen to the solution is measured and the concentration of hydrogen ions can be calculated from the

electromotive force. In ordinary laboratory practice sufficiently accurate results may be obtained by colorimetric methods.

The acidity is expressed in terms of the weight of free hydrogen ions present in a litre of solution. In a normal solution of hydrochloric acid there is present one gramme of hydrogen. The concentration is therefore one in a thousand. As the concentration of hydrogen ions in bacteriological media is so much less than this, it has been found convenient to express the acidity in terms of normality and in negative powers of ten. Thus 0.001 normal equals 1×10^{-3}. The method of stating the concentration of hydrogen ions directly has proved cumbrous and inconvenient, as two numbers are involved in the expression. It is not easy to use this expression in constructing curves, except by keeping the power constant when the figures become so great that a large graph is necessary. On this account Sorensen proposed designating both figures in terms of a negative logarithm. The minus sign is generally omitted. With this nomenclature, a solution of which $P_H = 7.0$ contains ten times as many hydrogen ions as a solution of which $P_H = 8.0$ and is so much more acid.

A report[1] has recently been prepared by a subcommittee appointed by the Medical Research Committee upon the reaction of media. In this report standard methods are proposed for preparing solutions of definite acidities. The colorimetric method is employed. A series of indicators are given, which change colour in liquids, varying in acidity from $P_H = 1.2$ to $P_H = 9.6$. Our knowledge of the use of these indicators, such as thymol blue, bromphenol blue, cresol red and bromcresol purple, is due to Clark and his collaborators, who have examined with great care the application of these methods to bacteriological media. The initial reaction of a medium can be estimated and controlled by adopting a simple process. A solution of known hydrogen ion concentration is prepared. To it is added a few drops of a suitable indicator. This forms the standard colour. A precisely similar quantity of indicator is mixed with the sample of medium and the colour compared with that of the standard. Care must be taken to view similar thicknesses of the liquid. Acid or alkali is added from a burette until the colours match. The yellow or brown colour of the medium is compensated by placing a tube of medium between the standard and the source of light.

The sub-committee discuss two alternative methods for preparing solutions of known concentration of hydrogen ions. For those concentrations in which the reaction does not differ greatly from those of distilled water they recommend the use of mixtures of solutions of sodium phosphate B.P., and acid sodium phosphate or mixtures of acid potassium phosphate and decinormal soda. Any desired reaction may be obtained by interpolating a tube between two of the standard tubes and bringing it to an intermediate tint.

The introduction of these methods and their adoption by the majority of bacteriologists would do much to produce uniformity in the results of the examination of bacteria. Without their employment the wide distribution of substances acting as "regulators" or "buffers" in bacteriological media prevents any uniformity in the reaction of media. Not only will the use of indicators control the initial reaction, but it will provide a ready means of following the changes in reaction in the medium during the multiplication of the bacterium.

[1] The Reaction of Media. Report of the Special Committee upon Pathological Methods. Medical Research Committee, National Health Insurance; London, 1919.

DISTURBANCE OF THE THYROID FUNCTION.

Disturbance of the functional activity of the thyroid gland involves so wide an alteration of the chemical mechanism of the body that it is doubtful whether the present state of our knowledge of this subject reflects more than the merest outline of the nature of the essential changes. While it is usual to regard the conditions associated with a lessened production of the normal secretion of the gland, myxœdema, cretinism, *cachexia strumipriva* and gross destruction of thyroid tissue by neoplasms, as being dependent on a deficiency of the hormones and the conditions associated with an increased activity of the gland, exophthalmic goître and other forms of so-called hyperthyroidism, as being dependent on the exact reverse, the study of the metabolism of the body offers evidence rather pointing to a series of metabolic changes with essential differences. It has been suggested that the nature of the changes can be determined by the measure of the basal metabolism. That the oxygen consumption is raised in hyperthyroidism more or less in proportion to the degree of the change has been established. Similarly it has been shown that the heat production calculated from the respiratory quotient and the oxygen consumption is diminished in all conditions of hypothyroidism. Observations of this nature, however, have shown that the alteration in the basal metabolism is not specific of thyroid disease. Dr. J. H. Means and Dr. J. C. Aub have shown that the same disturbance of heat production is registered in diseases of other ductless glands. In a recent contribution they give the details of some interesting estimations of the basal metabolism by the clinical method of Du Bois in a series of cases of hypothyroidism.[1] They examined patients with myxœdema, cretinism, *cachexia strumipriva* and cancer of the thyroid, both before and after thyroid medication. In all cases there was a considerable reduction of heat production, reaching as much as 28% in severe cases. In each case the effect of thyroid was to neutralize the reduction and when the dosage of the thyroid extract was excessive, to change the reduction to an increased heat production. They claim that the estimations can be taken as an index of the dosage of the thyroid preparations. For example, in a case of severe myxœdema the signs and symptoms cleared up in response to daily doses of from 0.36 to 0.45 gramme for about a month. At the end of this time the dose was reduced to 0.09 gramme daily for a year and later it was again increased to 0.18 gramme. The larger doses induced signs of intoxication, such as nausea, anorexia and vomiting. At this time the basal metabolism was found to be above the normal level. By watching the basal metabolism and the clinical symptoms, they

[1] *Archives of Internal Medicine*, October 15, 1919.

were able to adjust the thyroid dose so that all signs of myxœdema were absent and the basal metabolism remained approximately normal. In the case of a malignant growth of the thyroid gland, the basal metabolism was reduced and did not show any definite tendency toward recovery after a partial resection of the gland. They suggest that estimations of the basal metabolism may be used, not only as a convenient method of controlling the dosage of the thyroid preparations, but also as a means of differential diagnosis in obscure affections. The justification for the second claim is not very apparent.

While Dr. Means and Dr. Aub hold that clinical calorimetry can be easily applied, Dr. C. W. Lueders is of opinion that the manipulation of Benedict's or Haldane's apparatus involves special skill and technical training. He preferred, therefore, to utilize estimations of the sugar content of the blood, the epinephrin hypersensibility test and the tests for so-called acidosis in dealing with hyperthyroidism.[2] The object of his studies was to ascertain whether these indirect measures of metabolism would enable the physician to distinguish between the various degrees of hyperthyroidism and functional disorders of the heart. His investigations appear to demonstrate that the sugar content of the blood in exophthalmic goître was higher during fasting, rose to a higher level after the ingestion of sugar and remained raised for a longer period than in normal persons. The sugar tolerance curve in cases of mild hyperthyroidism exhibited similar characters, but to a less degree. In the case of functional disease of the heart there was at times delayed assimilation, but in other respects the results of the tests corresponded with those in normal subjects. His figures support his claim that the sugar tolerance test offers important information in the differentiation between cardiac neuroses and mild hyperthyroidism. The epinephrin test did not appear to indicate the presence of hyperthyroidism as a cause of cardiac disturbance. In association with the sugar tolerance test, it may have some diagnostic significance. On the other hand, it would seem as if the estimation of nitrogen loss and acidosis might prove of diagnostic value in the differentiation. More information is needed before a final judgement can be given. These records indicate that there is associated with both hypothyroidism and hyperthyroidism a disturbance of metabolism varying in accordance with the severity of the physiological disturbance of the thyroid tissue. That these metabolic disturbances are not specific there can be no doubt. Nor is there any evidence concerning the mechanism by which the altered, diminished or increased thyroid secretion leads to the loss of balance in the processes of the metabolism.

[2] *Ibid.*.

THE TASMANIAN GOVERNMENT AND THE MEDICAL PROFESSION.

The Premier of Tasmania introduced on December 12, 1919, a bill to amend the *Medical Act* and has secured its passage through both Houses of Parliament. We have not yet received a copy of the bill, but learn that it contains two strange provisions. According to the first, a medical practitioner is to be compelled to meet any other medical practitioner when called upon and the penalty for refusing to do so is to be a fine of £100. The second provision renders it a penal offence for any body or association to prevent any medical practitioner from accepting a position on the staff of a public hospital. This astounding measure is obviously aimed at the Tasmanian Branch of the British Medical Association, but we are inclined to think that it will miss its mark. We cannot conceive a more stupid method of avoiding a serious issue. No matter how carefully worded the clauses may be, the amendment could not compel a medical practitioner to come to the assistance of another doctor. if he felt disinclined to do so. In the British Empire the subject is free, not a slave. No person can command the services of another against his wish, save for the purpose of giving evidence in a Court of Law. There are innumerable ways in which a medical practitioner could render a consultation with another practitioner useless and no act could possibly provide for all. Moreover, there are no means of compelling any medical practitioner to attend a patient, if he finds it inexpedient. The Premier will find that he has made an irreparable mistake if he endeavours to antagonize the medical profession by imposing this kind of ridiculous restriction on the freedom of its members. The second provision is equally futile. No reputable medical practitioner will have anything to do with a hospital controlled by a Government that loses its temper with those who perform valuable public services. The Premier will find that no word of warning is needed from the Tasmanian Branch of the British Medical Association to prevent members of the medical profession from applying for positions in the Government hospitals, as long as the Government conducts itself in this foolish manner. The medical profession, both in Tasmania and elsewhere in the British Empire, is ever ready to give its services to the sick poor without remuneration. A staff could be found for the Launceston General Hospital at any time, if the Government were prepared to set up a management of the hospital similar to that obtaining at the Royal Prince Alfred or the Melbourne Hospitals. To threaten a body like the British Medical Association is childish. The British Medical Association accepts the responsibility of guiding its members to use their knowledge for the benefit of the community and to preserve a dignified bearing. It remains unmoved by this undignified and meaningless attack.

Dr. A. H. Tebbutt informs us that he is endeavouring to investigate the various types of pneumococci in cases of acute lobar pneumonia met with in Sydney. In order that his material may be as varied as possible, he appeals to medical practitioners in Sydney to communicate with him, either at the Royal Prince Alfred Hospital or at 211 Macquarie Street, Sydney, when they are attending patients with acute lobar pneumonia, in hospital or private practice. He would then arrange for specimens of the rusty sputum to be collected. The notes of the cases could be supplied at a later date.

In thanking the President of the New South Wales Branch and the members present at a meeting held on December 12, 1919, for their hearty congratulations on his appointment to the Chair of Pathology in the Adelaide University, Dr. J. B. Cleland stated that his successor in the Bureau of Microbiology in Sydney would be Dr. Eustace William Ferguson.

Abstracts from Current Medical Literature.

MEDICINE.

(213) Medical Treatment of Gall-Bladder Affections.

Samuel Weiss deals with pathological conditions of the gall-bladder and ducts in which the sufferers are not eligible for surgical relief, on account of cardio-renal insufficiency or intercurrent affections, or who will not consent to operation (*New York Med. Journ.*, August 2, 1919). The symptoms and diagnosis of gall-stones are fully dealt with. The pain in hepatic colic is manifested in different ways, such as cramp, violent thoracic constriction and painful distension. Nausea and vomiting are practically always present. Much of the dyspepsia of pregnancy is from unrecognized gall-stone disease. L. J. Friedman asserts that, with perfected technique, gall-stones can be revealed by X-ray examination in about 85% of the cases. Important points in arriving at a diagnosis are: (*i.*) exact history, including record of previous attacks; (*ii.*) localization of the tenderness and pain and the nature of the radiating character of the pain; (*iii.*) thorough examination of the abdomen, especially the gall-bladder region; (*iv.*) exclusion of conditions simulating gall-stones, *e.g.*, lead colic, renal colic, duodenal ulcer, chronic appendicitis, movable kidney or infection of the genital tract. Gall-stone disease and appendicitis are frequently present in the same patient. In the acute stage anodynes and hot applications will ease the colic. Hot baths and hot drinks, though vomited, will produce some relaxation of the parts and facilitate passage of the stone. Suppositories of belladonna or atropine by the mouth, followed by one mil of adrenalin (1 in 1,000), the latter repeated if necessary, have given satisfaction and rendered morphine unnecessary. Specific treatment can only be given in the presence of specific ætiology. Vaccines constitute a specific form of therapy if the causative organisms have been isolated. The patient with gall-bladder disease nearly always has foci of infection elsewhere. Cultures should be made from the nose, throat, teeth and urine. Autogenous vaccines are preferable to stock vaccines. Occasionally definite organisms are found and a vaccine prepared and given, but in spite of reactions, no improvement occurs. When there is much bloating of the lower intestine, enemas containing 1.8 mils of turpentine and not over a litre in volume can be given one to three times daily. The patient, on arising, should drink slowly 300 to 350 c.cm. of hot water and consume copious draughts of cold water during the day. For constipation sodium sulphate with sodium phosphate in hot water may be given. The author employs capsules containing sodium succinate, sodium glycocholate, sodium salicylate and sodium taurocholate. In cholelithiasis a low cholesterol diet is to be aimed at, as increased cholesterol in the circulation plays a part in gall-stone formation. Under this head come yolk of eggs, peas, fatty meats and all fried foods. The diet should also be low in protein and fats. Carbohydrates, fruits and lean meats in small quantities are advisable.

(214) Heart Block After Influenza.

E. A. Cockayne reports some cases of heart block and bradycardia following influenza (*Quarterly Journ. of Med.*, July, 1919). The cases of heart-block may be divided into sinus-block, prolongation of the *a-v* interval, 2:1 and 3:1 heart-block. No case of complete heart-block was met with. After describing the cases, the writer remarks that the majority occurred in young men and all had pneumonia. The predominant organism in some was a pneumococcus and in others a hæmolytic streptococcus. In one *Streptococcus mucosus* was abundant and *Micrococcus catarrhalis* also present. All the patients were kept in bed until some days after heart-block had disappeared and when they were examined a month or six weeks later, only one complained of cardiac symptoms (precordial pain and giddiness). None showed any undue irritability of the heart. On the average simple bradycardia was of shorter duration, four or five days, but a pulse-rate consistently below 48 was found in one case lasting twenty-six days, in which heart-block was excluded by means of the polygraph. The majority of cases of simple bradycardia were also met with in young men. It seems probable that heart-block and simple bradycardia are due to the same toxin. If influenza be due to a filterable virus, this virus may elaborate the poison. On the other hand, the frequency with which the *B. influenzæ* has been found in the throat and less seriously affected part of the lungs at *post mortem* examinations shows that, if not the cause, it is almost invariably present as a secondary invader and so may produce this toxin. Atropine in doses large enough to cause slight poisoning was tried in four cases of heart-block and produced only slight and temporary increase in the pulse-rate. Amyl nitrite in a case of simple bradycardia raised the pulse-rate from 48 to 120, but a minute later it was 48 again. In another case it rose from 48 to 56, but soon fell again. The acceleration of the heart-beat produced by these drugs does not prove that the bradycardia is due to the vagus, since both are known to quicken the heart after experimental severance of the muscular continuity of the auricle and ventricle. It is more probable that the slow pulse is caused by poisoning of the myocardium, especially that of the sino-auricular node. The cases seem to arise under the same conditions as those of heart-block, which are due to poisoning of the muscle of the auriculo-ventricular bundle. Further evidence is afforded by the cases of marked bradycardia, with prolongation of the *a-v* interval, which, in itself, cannot produce a slow pulse. Such a combination could then be explained by the fact that both the sino-auricular node and also the auriculo-ventricular bundle had been affected by the same toxin.

(215) Atropine in Cases of Effort Syndrome.

C. S. Sturgis, J. T. Wearn and Edna H. Tomkins give the results of their investigations on the effects of the injection of atropine on the pulse-rate, blood-pressure and basal metabolism in cases of "effort syndrome" (*Americ. Journ. Med. Sciences*, October, 1919). It had been found that a considerable percentage of the cases of "irritable heart of soldiers" responded in a characteristic way to injections of epinephrin. In patients sensitive to the drug there was a marked increase in the pulse-rate, probably due to the action of epinephrin on the accelerator fibres of the heart. The effect of atropine on the vagus control of the heart in soldiers with "effort syndrome" was further studied. A chart and various tables are given, showing the results of the investigations. In cases of "irritable heart" and in normal men after injection of atropine sulphate, there was generally a preliminary drop, followed by an increase in pulse-rate. This increase was greater, on the average, in the "irritable heart" cases than in the normal controls. There was also a drop in pulse-pressure in the majority of the subjects, dependent in many on a rise in the diastolic blood-pressure and in some upon an additional drop in systolic blood-pressure. There was no increase in basal metabolism after the subcutaneous injection of atropine sulphate. There was a slight fall in the basal metabolism in some of the cases studied. There was always a slight drop in the respiratory quotient.

(216) Endocrinology.

A. W. Lescohier deprecates the extravagant ideas of the unbalanced enthusiast, but concedes that there is an unwarranted tincture of pessimism in certain of the criticisms which have been leveled at glandular therapy (*Medical Record*, September 27, 1919). Thyroid deficiency may be found complicating various nervous conditions, in menstrual disturbances, in anæmia, chlorosis, etc.. It is common in pregnancy. Cases of obesity exhibiting physical and mental sluggishness and an inability to maintain mental concentration, especially if associated with a dry, cold skin, may be attributed to it. Fatigue from slight exertion in individuals exhibiting good muscular development may be evidence of thyroid insufficiency. The influence of ovarian activity on the menstrual function has long been recognized. More recently it has been ascertained that the thyroid, pituitary and the mammary may affect the development or influence the activities of the sex organs. The entire ovary or a preparation of the *corpora lutea* has been used in controlling the disturbances incidental to natural or artificial menopause. Failure in some cases is because the disturbances of the menopause are to be interpreted as a general disturbance of the endocrine balance, of which the dominating factor is subject to varia-

tion. In cases of amenorrhœa, with hysterical temperament. the prognosis of glandular therapy depends on whether the hysterical condition is referable to glandular hyposecretion or an inherent instability in the nervous system. Organo-therapy will not be successful in cases in which an inferior nervous make-up is the dominating factor. On the other hand, profound nervous disturbances and psychoses may result from ovarian insufficiency. There is a growing recognition of the importance of the pituitary function in gynæcological conditions. Absence or scantiness of the menses, with rapid increase in weight, polyuria and marked carbohydrate tolerance, point to pituitary insufficiency. The use of ovarian preparations in dysmenorrhœa is discussed and it is stated to be fairly well substantiated that the mammary gland secretes a substance which has a neutralizing effect on the ovarian secretion.

NEUROLOGY.

(217) Acute Infective Polyneuritis.

J. Rose Bradford, E. F. Bashford and J. A. Wilson have published an account of their studies of acute infective polyneuritis (*Quarter. Journ. Med.*, October, 1918, and January, 1919). The clinical account is based on the observation of 30 cases occurring among British soldiers in France between the ages of 19 to 49 years. Usually, but not always, an opening illness, with general symptoms, followed by a latent period of several weeks, precedes the palsy. The palsy, which may appear gradually, or with dramatic suddenness, is usually widespread, affecting more especially the large muscles of the limbs and trunk, but not exclusively confined to them. The face is almost always affected, generally on both sides. Individual muscles and groups of muscles are not picked out, hence the trunk and limbs are affected as a whole. The palsy is practically always progressive and may conform to the ascending type. Muscular wasting is not a feature. Sensation is constantly affected. Subjective pains, numbness and tingling occur as early phenomena, anæsthesia and analgesia, especially in the distal segments of the limb, come later. This sensory loss is usually incomplete, relative rather than absolute. In all declared cases of motor palsy and sensory loss the tendon reflexes are lost. The sphincters are not profoundly affected, nor are the cerebral functions. Tachycardia, albuminuria and leucocytosis are inconstant features. Progress is slow and urgent, even fatal, symptoms, in cases not regarded as serious may be expected. In the series of 30 cases, death occurred eight times and respiratory failure was the dominant cause. Bashford claims that the disease can be reproduced in monkeys by the subdural inoculation of an emulsion of human cord preserved in glycerine, or by direct inoculation from monkey to monkey of emulsion of the fresh cord, or of cord preserved in glycerine. He also states that it has been induced by the inoculation of a pure culture of an unknown organism prepared by Wilson. In all these monkeys there was an incubation period of from five to six weeks, after which lassitude, loss of appetite and signs of paralysis insidiously appeared. None died, but several suffered severely. Microscopically, in both man and monkey, patchy degenerative changes were found in the spinal nerve cells, in the peripheral nerves and in some muscles and some interstitial changes in the posterior root ganglia. The cerebral cortex was unaffected. Pathologically the changes seem to be different from those of acute poliomyelitis (relative absence of vascular change) though allied to them. The disease is held to be one of the group of infective diseases of the nervous system whose pathology is at present obscure. Wilson employed the technique of Flexner and Noguchi (sterile guinea-pig-kidney, etc.) and succeeded in growing pure cultures of a minute, rounded, oval or kidney-shaped organism, measuring 0.2 μ to 0.5 μ in diameter, grouped in colonies and sometimes assuming bacillary form, difficult to stain, essentially anaerobic, weakly saprophytic (usually dying out in the fifth generation), therefore unlike the globoid bodies of acute poliomyelitis, though otherwise similar. As already stated, a culture of this organism was pathogenic to a monkey. The problem of the biological position of the globoid bodies of acute poliomyelitis is also the problem of the origin of polyneuritis.

(218) Some Principles of Neurology.

Henry Head (*Brain*, Parts III. and IV., 1918), addressing the Section of Neurology of the Royal Society of Medicine, enunciated these principles: (1) When any level of activity is attacked, the most complex functions and those which have appeared most recently are the first to suffer; they are also disturbed to a greater degree and to a wider extent than those which are simpler or more inevitable in their expression. This is seen in the effect of a lesion of the sensory cortex on the appreciation of the spacial aspects of an external stimulus. (2) The negative manifestations of a lesion appear in terms of the affected level. Thus, if those parts of the cortex associated with speech are injured, the negative manifestations are presented to us in the form of a disturbance of speech, not as a destruction of visual or auditory images. (3) A negative lesion produces positive effects by releasing activities normally held under control by the functions of the affected level. Spastic rigidity in hemiplegia is an example. (4) The functions of the central nervous system have been slowly evolved by a continuous process of development. The methods by which this gradual progress from lower to higher efficiency has been reached are still manifest in the phenomena of its normal activity. Thus, the lowest reflexes give the most definite response; there is little or no choice, the answer is inevitable. With the progress of evolution came voluntary control. (5) Integration of function within the nervous system is based on a struggle for expression between many potentially different physiological activities.

(219) The Maloney Method in the Treatment of Ataxia.

Morris Grossman (*Med. Record*, New York, August 16, 1919) writes that Maloney's method of treating tabetic ataxia is based upon the thesis that perfect thinking is essential to perfect moving, and that perfect moving is the outward sign of perfect thinking. Psychological treatment is as essential as physiological treatment. Maloney has shown that vicious attitudes in tabes are mainly due to mental causes. This mental state, fatigue and fear he combats with "rest exercises." The technique of the rest and other exercises must be read in the original; briefly put, they consist, as a preliminary, in regulation of the breathing, the induction of complete muscular relaxation and the performance of varied passive movements. This is done in a darkened room and it is said that the tabetic thus trained to rest is endowed with the necessary preliminary to all effort—the power to recuperate. Attention is next directed toward training cerebral control. Movements are ordered which must be accurately defined and precisely performed; they must be carefully regulated in their time relations by means of a metronome. The more an ataxic walks uncorrected, the more ataxic he becomes. Certain mechanical devices to strengthen the weakened ankles, knees and back may be employed. Blindfolding is useful, because it decreases competition for attention between postural images and images derived from other sensory fields. Fatigue must be avoided. Grossman reports fifteen patients, of whom twelve were returned to a non-ataxic state and enabled to go about in public. It is further remarkable that attacks of pain and crises were much reduced in frequency and severity. Eight weeks was an average period of treatment.

(220) Astasia-Abasia in the Servian Army.

Astasia-abasia, a hysterical affection, in which the patient immediately collapses on attempting to stand or walk, although he may be able to move his legs normally when lying or sitting, is described by Damade and Dunot (*Journ. de Méd. de Bordeaux*, July 10, 1919), and said to have been remarkably frequent among the Servian troops. They observed no less than 115 cases among 500 cases of functional nervous disorder. It appeared in troops overworked, exhausted and exposed to distressing circumstances, or suffering from cerebral concussion. In addition to the classical form, they describe "the quasi-paraplegic," "the man who breaks in two," "the arm-chair walker," "the pseudo-tabetic," who has phobic Rombergism, "the Parkinsonian" and the man who walks like "a sailor in a storm." All these manifestations are hysterical, all thrive on a basis of physical exhaustion and all can be removed by psycho-therapy.

British Medical Association News.

ANNUAL MEETING.

The annual meeting of the Victorian Branch was held at the Medical Society Hall, East Melbourne, on December 2, 1919, the President, Dr. J. Ramsay Webb, in the chair.

Election of Office-Bearers.

The President declared the following office-bearers and members of the Council elected for the year 1920:—

President: Mr. G. A. Syme (unopposed).
Vice-Presidents: Drs. J. Gordon and Basil Kilvington.
Honorary Secretary: Dr. J. Dunbar Hooper (unopposed).
Honorary Treasurer: Dr. C. H. Mollison (unopposed).
Honorary Librarians: Drs. Allen Robertson and H. Douglas Stephens.
Members of the Council: Drs. A. V. M. Anderson, Stanley Argyle, J. J. Black, W. R. Boyd. F. L. Davies, T. P. Dunhill, R. H. Fetherston, A. Norman McArthur, J. Newman Morris, D. Rosenberg, J. Ramsay Webb, A. E. R. White, J. F. Wilkinson and A. Jeffreys Wood.

The above were also elected office-bearers and members of the Committee of the Medical Society of Victoria.

Annual Report.

The annual report was taken as read and adopted. The Librarians' report, after certain amendments had been made, was likewise adopted.

Annual Report of the Council for Year Ending December 3, 1919.

The Council of the Branch and the Committee of the Society present the annual report for the year 1919:—

Election.

At the annual meeting held last December the following office-bearers and members of the Council and of the Committee were elected:—

President: Dr. J. Ramsay Webb.
Vice-Presidents: Drs. L. J. Balfour and Basil Kilvington.
Honorary Treasurer: Dr. C. H. Mollison.
Honorary Secretary: Dr. J. W. Dunbar Hooper.
Honorary Librarians: Drs. Allen Robertson and H. Douglas Stephens.
Members of the Council and of the Committee: Drs. A. V. M. Anderson, Stanley Argyle, W. R. Boyd, B. Crellin, F. L. Davies, J. R. Davis, R. H. Fetherston, T. E. L. Lambert, J. Newman Morris, A. Norman McArthur, D. Rosenberg, W. H. Summons, J. F. Wilkinson and A. Jeffreys Wood.

At a subsequent meeting of the Council the following appointments were made:—

Honorary Assistant Secretary: Dr. Alex. Lewers.
Honorary Assistant Treasurer: Dr. L. S. Latham.

Council Meetings.

There were 22 ordinary meetings of the Council and three special meetings, at which the attendances were as follow:—

Dr. Hooper, Dunbar ..	25	Dr. Hughes, W. Kent†	15
„ Robertson, Allen ..	24	„ Argyle, S.†	15
„ Boyd, W. R.	23	„ Crellin, B.	14
„ Davies, F. L.	23	„ Rosenberg, D... ..	14
„ Webb, J. Ramsay..	21	„ McArthur, A. N.†..	14
„ Anderson, A. V. M.	19	„ Stephens, H. D. ..	13
„ Fetherston, R. H. ..	18	„ Kilvington, B.† ..	11
„ Balfour, L. J... ..	18	„ Summons, W. H...	9
„ Morris, J. Newman	18	„ Latham, L. S.† ..	8
„ Wood, A. Jeffreys†..	17	„ Wilkinson, J. F.*..	5
„ Davis, J. R.	17	„ Lewers, Alex... ..	5
„ Lambert, T. E. L...	15		

Trustees.

Dr. Mollison	22	Sir Harry Allen	2
„ Syme	16	Sir Chas. Ryan*	0

Country Divisions.

Dr. Spring (Ballarat)..	9	Dr. Ffrost (Bendigo)..	0
„ Darby (Geelong) ..	0	„ Henderson (Border)	0
„ Bonnin (Wimmera)	0	„ Florance (Goulburn)	0

* On military service. † Absent through illness.

Sub-Committees.

The following sub-committees were appointed by the Council, the first-named acting as conveners. The President and Honorary Secretary are *ex officio* members of all sub-committees.

Organization: Drs. Allen Robertson, Anderson, Boyd, Wilkinson, Davies, Rosenberg, Crellin, Balfour, Davis, Fetherston, McArthur. Kilvington, Morris, Summons and all Secretaries of Divisions.
Press: Drs. Lewers and Wilkinson.
Ethical: Drs. Anderson, Kilvington, Lewers, Lambert, Davies and Balfour.
Legislative: Drs. Crellin, Davies, Morris and Argyle.
House: Dr. Mollison.
Scientific: Drs. Lewers, Stephens, Robertson, Kilvington, Hiller, Lambert, Argyle and Rosenberg, with power to add.
Medical Agency: Drs. Hughes, Mollison, Robertson, Crellin and Kilvington.

The following appointments were made by the Council:—

Bush Nursing Association: Dr. Stephens.
Advisory Board to Medical Inspectors of Schools: Dr. Stephens.
Free Kindergarten Union: Dr. Kent Hughes.
Representative on the Representative Body: Dr. J. H. Anderson, D.S.O., C.M.G..
Representative on the Central Council: Dr. Newland, D.S.O..
Representatives on the Federal Committee: Drs. Fetherston and Syme.
Victorian Correspondent for "British Medical Journal": Professor Berry.
Representative on Venereal Diseases Advisory Council: Dr. Mollison.

Membership Roll.

The number of members on the roll is 966, as against 930 in the preceding year. During the year there has been a gain of 82 members (61 by election, 8 paid arrears and 13 by transfer from other States). On the other hand, 46 have been lost (24 by transfer, 6 by resignation, 3 by expulsion, 11 by death and 2 whose subscriptions had been allowed to fall two years in arrears).

We have to record with regret the deaths of the following members: Drs. A. S. Aitchison, W. A. Reid, Elizabeth Sweet, S. G. Skewes, J. McInerney, A. B. Bennie, H. Rabl, R. H. Gibbs, L. B. Daly, N. J. Gerrard and M. C. C. Seton.

War.

Of 966 members of the Association, 407 enlisted for whole-time military service and of these 304 have returned and 73 are still abroad.

Of the Victorians who served with the Australian Army Medical Corps and the Royal Army Medical Corps, 40 have given their lives for the Empire:—

Anderson, G. G.	Kerr, Eric
Bond, F. S.	Langley, A. W. H.
Bullen, N. J.	Levi, Keith M.
Campbell, S. J.	Lister, C. R.
Deane, E. W.	Mackenzie, J. G.
Deravin, A. F.	Mathison, G. C.
Elliott, G. S.	Merz, G. P.
Fairley, J. F.	Miller, A. Guy
Fox, A. R.	Nicholas, J. J.
Garnett, W. Shenton	Oliver, C. J.
Gibbs, R. H.	Rogerson, W.
Green, H. F.	Rothera, A. C.
Harkness, E. E.	Sewell, P. B.
Honman, A. V.	South, Harold
Hearne, W. W.	Stewart, C. Alwyn
Howitt, G.	Teague, Harold A.
Hughes, M. R.	Welch, E. R.
Hughston, Johnston	Williams, M. L.
Jamieson, D. D.	Wood, A. H. O'Hara
Johnson, F. Miller	Wright, Leonard A.

It is proposed to have an Honour Board inscribed with these names, which will be hung in the Medical Society Hall.

Medical Officers' Relief Fund.

During the past year the Medical Officers' Relief Fund (Federal) has been founded throughout the States. Owing to the *War Regulations Act* this matter was only actively taken up about three months ago. The amount received to date (about £10,000) is considerably under the amount hoped for and really needed. It is most earnestly desired that those

of our members who have not up to the present subscribed to this most excellent and absolutely necessary fund, will hasten to do so in the most generous manner possible.

In this State the sub-committee appointed by the Council, namely, the President, the Honorary Treasurer and the Honorary Secretary, has reliable information concerning the relatives and dependants of members who have fallen in actual war service and others who have suffered severe financial embarrassment owing to having given service during the war.

The Trustees of the Fund are Drs. George Armstrong (chairman), W. H. Crago and Gordon Craig. The Council is assured that the fund will be administered in a Federal spirit and with the utmost generosity.

It may possibly be that some cases have escaped our notice; it is therefore urgently desired that any member of the Branch who can bring forward instances which he thinks need assistance, should report the facts as quickly as possible.

Ethical

In the early part of the war, the question of bringing into operation in Victoria the rules of ethical procedure, as adopted by the parent Association, was considered, but, after discussion, it was decided to defer any action in this direction for the present.

The attention of the Council was drawn to the attempt by certain insurance companies to discredit the obligation of professional secrecy on the part of medical men towards their patients. Insurance companies have inserted a clause in which the insurer gives his consent to his medical adviser divulging certain professional confidences, which, as a rule, are kept secret. The Council decided that members should disregard such attempt and should preserve strictly the ethical duty of professional secrecy.

Some disputes between medical neighbours have been brought before the Council. These matters might have often been settled by the disputants themselves. It is desirable that the complainant should always, if practicable, afford an opportunity to the medical man alleged to have acted unprofessionally, of making some explanation, preferably by letter, to the complainant, before bringing it before the Council.

During the epidemic of influenza, which was so widespread in the early months of the year, much difficulty was found in procuring qualified men to cope with the necessities of the situation, and in rare instances fifth-year medical students were called upon to fill hospital and other appointments. It must be understood that such unqualified practice is only permissible under conditions of great stringency and cannot be sanctioned by the Association in normal times.

Medical men must remember that when a practice is sold the transferability of all appointments cannot be guaranteed.

Many complaints have been made during the year of paragraphs in newspapers giving accounts of interviews on medical subjects with members of the British Medical Association. The Council requests members to use their best endeavours to prevent such unethical procedure.

Dispute with the Friendly Societies.

A wealth of time and consideration has been devoted by your Council and its Organization Committee to this matter. With an earnest desire to meet the difficulties of the friendly societies and in order to promote a settlement of the dispute, concessions from the original demands of the Council have been made, but so far without any great measure of success.

After fruitless efforts by Messrs. McArthur, K.C., Owen Dixon and Lowe, the counsel who appeared for the Victorian Branch of the British Medical Association and the Friendly Societies' Association before the Wasley Commission, it was found possible, as the result of further negotiations and further concessions on the part of the Victorian Branch of the British Medical Association, to draw up an agreement under the conditions of which the Council was prepared to allow the new medical institutes to persist.

These conditions were of such a kind that, in the opinion of the Council, they would, if faithfully observed, have ensured the early dissolution of the institutes, but they were honestly propounded as a means of meeting what was stated to be the main difficulty of the friendly societies, namely, the financial obligation which had been incurred by lodges joining medical institutes.

The agreement was adopted by the Council of the Victorian Branch of the British Medical Association and also by the Friendly Societies' Association, but two influential orders, the Ancient Order of Foresters and the Manchester Unity Independent Order of Oddfellows, immediately withdrew from the Friendly Societies' Association and declared that they would not be bound by the resolution of the Friendly Societies' Association and even renounced their acceptance of the terms of the Wasley report.

At the request of the Premier (Mr. Lawson), the offer made by your Council was allowed to remain open until the annual conferences of the friendly societies in March. At the termination of these conferences it was found that only half of the orders, representing something less than 50% of all friendly society members in the State, accepted the agreement.

It was clearly impossible to proceed further on these lines, because it was essential to ensure the faithful observance of the conditions of the agreement that it should be accepted by practically every order in the State.

Following on a further communication from the Friendly Societies' Association, the Council determined that it would not make any further concessions and that in future it would deal only with individual orders.

Conferences were thereupon held with delegates from the Grand United Order of Oddfellows, the United Ancient Order of Druids, the Independent Order of Rechabites, the Australian Natives' Association and the Protestant Alliance Friendly Society. These, with one exception, were without any satisfactory results.

The Grand United Order of Oddfellows, however, has undertaken by the beginning of next quarter, December 1, to place at least 80% of its members on the British Medical Association lists and also to conform to the requirements of the Council on all matters at an early date. When this has been done agreements will be prepared and forwarded to members through the Secretary of the Victorian Branch of the British Medical Association. In the meantime, members may accept lists from lodges of the Grand United Order of Oddfellows and may act as medical officers under the terms of the Wasley Commission report, but without any agreements being signed.

During the year the Tramway Mutual Benefit Society withdrew from the Friendly Societies' Association and signed contracts under the Wasley terms with their former medical officers and severed their connection with all medical institutes.

In addition, several yearly terminating friendly societies, namely, the Cosmopolitan Benefit Society, the Ballarat Yearly Benefit Society, the "Age" Benefit Society and the Victorian Yearly Benefit Society, Port Melbourne, have accepted the conditions laid down by your Council and agreements have been signed with their medical officers.

The experience with regard to the direct medical contract practice, which the Council sanctioned in institute districts, has been to show that this system assisted the lodges to meet their difficulty in supplying medical attendance to their members and members of the Branch have been advised against any further extension of the practice and have been requested by the Council to terminate as soon as possible any contracts that have been made.

The loyalty and solidarity of the members of the Branch have been well shown and the Council is satisfied that there are good prospects of an early and general settlement of the dispute with the other orders.

All the efforts of the institutes to obtain the services of practitioners of any kind and from any place have been a comparative failure and the Council is confident that efforts in this direction will meet with no better success in the future. Our members have learnt by experience that the medical institute, managed under such conditions, is generally a negligible opposition.

The recent influenza epidemic has been a great drain on the resources of several lodges and must have enlightened the managers of friendly societies generally as to the extent and value of the services of their medical officers, especially during times of epidemic.

The Council again confidently urges members to resolutely adhere to the instructions issued from time to time, *viz.*:—

1. No agreement, either temporary or permanent, either written or implied, should be made with lodges, either directly or indirectly, except in the case of those orders

which have conformed to the requirements of the Victorian Branch of the British Medical Association. Agreements are only to be signed after the Council has given permission and then only through the Office of the Branch.

2. Further private contracts must not be made with former lodge patients. In those institute districts where private contracts have been undertaken with the permission of the Council, it is the wish of the Council that they should be terminated as soon as possible.

3. A minimum fee of 10s. 6d. should be charged per consultation or visit. This will include any certificate required.

4. A fee of 10s. 6d. should be charged for all certificates, except where the consultation fee has been paid at the time.

5. The patient must be held responsible for the payment of the fee and no agreement should be made, either directly or indirectly, with the lodge for payment.

6. Every effort must be made to see that the patients are attended only by the medical man on whose list they were previous to the resignations.

7. Interviews and correspondence with lodge officers should be avoided and these should be referred to the Secretary of the Victorian Branch of the British Medical Association for any information or negotiation they desire.

Legislation.

Your Council has considered various medico-political matters, including:—

(1) The proposed State Health Bill.
(2) The question of unqualified medical practitioners.
(3) The question of patent medicines.
(4) Generally, the question of the extent of State and Federal medical services.

Various recommendations have been made on behalf of the medical profession in these matters and they are now under consideration.

In response to a request from the Federal Committee to all the Branches, the Council appointed a sub-committee to draw up a report on the nationalization of medicine. The sub-committee consisted of Sir Harry Allen (chairman), Drs. Cumpston, Latham, Lewers, Ramsay Webb and Morris. A report, entitled "The Future of Medicine," was drawn up and after amendment by the Council presented to the Federal Committee.

Post-Graduate Classes.

In response to requests from returned military medical officers, the Council took into consideration the necessity for post-graduate work of various kinds. In addition to using its influence in obtaining resident appointments in hospitals for returned soldiers, arrangements were made with the general and special hospitals in Melbourne and with the Medical School and Federal Serum Institute, by which a post-graduate course, lasting a fortnight, was instituted. This class was attended by nearly 90 medical men, of whom about 80% had been on active service.

The Council desires to tender its thanks to those who gave up their time assisting in this work and hopes that somewhat similar post-graduate work, possibly of a more specialized nature, may become an annual event.

New British Medical Association Building.

A sub-committee has been appointed to consider the question of finding a site for a new building, but it has not yet presented its report to the Council.

Monthly Meetings.

Nine monthly meetings were held and one special meeting. The following papers were read:—

Dr. M. D. Silberberg: "Notes on Auricular Flutter and Other Cardiac Cases."
Discussion: "The Present Epidemic of Influenza."
Dr. Paul G. Dane: "Nerve Suture: Treatment and Results."
Dr. B. T. Zwar: "Army Medical Service: Prevention of Venereal Disease."
Dr. Arthur E. Morris: "Army Medical Service: Prophylaxis and Treatment of Venereal Disease."
General discussion on "Pneumonic Influenza," opened by Dr. Alex. Lewers.
Dr. Thos. Murphy: "A Review of 200 Cases of Subtotal Hysterectomy."
Dr. H. S. Newland, D.S.O. (of Adelaide): "The Reparative Surgery of the Face."
Professor W. A. Osborne: "The New Methods and Theories in the Physiology of the Blood and Circulation."
Dr. Gordon Shaw, C.M.G.: "The Application of Military Surgery to Civil Practice."

Medical Agency (Conducted by the Medical Society of Victoria.)

The Medical Agency, in its two years of existence, has justified the purpose for which it was established. A large number of practices have been sold in this and in other States and thoroughly reliable locums have been supplied. The number of letters received points to the fact that reform in the matter of the supply of locums has been required for years past.

The Committee is pleased to note the increase in the number of members making use of the Agency.

A balance sheet will be published in February next.

On behalf of the Council,
C. STANTON CROUCH, Secretary.

Librarians' Report.

During the year the number of journals received from *The Medical Journal of Australia* has been very unsatisfactory. Out of twenty-four journals received in this way, only seven have arrived with any regularity. Seven are so imperfect as to render them practically useless for reference, whilst ten have stopped altogether. The last parcel of books sent by *The Medical Journal of Australia* was received in January last and we are advised that another parcel has been despatched recently. The attention of the Editor of *The Medical Journal of Australia* has been directed to this matter and he has explained that many of the journals in question have not even reached Sydney. He is now investigating the whole question of reviews and exchanges generally.

A proposal to establish a circulating library is under consideration and has been tentatively approved by the Council.

Some members have had books on loan for periods much in excess of that allowed by the rules—in some cases for a number of years. Notices have failed to bring about their return. Personal application is now being made wherever possible, before requesting such members to pay the value of the books overdue.

The Librarians express their thanks to Sir James Barrett and Dr. J. F. Nelly for books and periodicals presented to the Library.

H. DOUGLAS STEPHENS } Honorary
ALLEN ROBERTSON } Librarians.

Dr. Wilkinson moved that, as a matter of urgency, a portion of the report relating to the lodge dispute should be sent to the lay newspapers and to every Member of Parliament.

Dr. Boyd seconded the motion, which was carried.

Induction of President.

Dr. Webb, in installing Mr. Syme as President, stated that the year on which they were about to enter would be one of extraordinary difficulty to the Branch. A number of problems already confronted them and it was felt to be quite essential that they should have a man in the presidential chair who was universally respected and known throughout the profession, who had a full knowledge of affairs and who was of the highest standing in the profession. Mr. G. A. Syme filled those qualifications in a greater degree than any other man could do. No man was more widely known, more universally respected or admired or had a wider grasp of affairs than he. It was a great relief when he accepted the position at the request of the members of the Council. He did so with some reluctance and it was only after strong assurance that he could be of the utmost help to the Branch that he consented to allow himself to be nominated. Dr. Webb congratulated the Branch on having returned him as its President.

Mr. Syme, in taking the chair, said it was with mixed feelings that he occupied for the third time the position of President of the Branch. He thanked members and expressed his deep appreciation of the honour conferred on him. The present time was one of peculiar difficulty as far as the Branch and the profession was concerned and he felt great diffidence as to his capabilities of filling the

position at this particular crisis. When he was first elected President it was at a critical period; his reign, stormy and brief, had resulted in a disruption of the Branch. He would be very sorry if that were to form a precedent. The responsibility of the position was also very great. The Premier that day had made a statement that he proposed to introduce new clauses into the *Health Bill* with regard to providing treatment, in addition to the present provision for medical inspection. He also proposed that the officers of health should also become officers of friendly society lodges. That statement was made to a deputation from the Returned Medical Officers' Association. The Premier's object in doing this was to afford employment to returned medical officers. The deputation did not make any comment upon that statement.

As President of the Returned Medical Officers' Association, he hoped no returned medical officer would accept the position and he also hoped that no member of the Branch would do so. It was not what the returned medical officers were asking for at the deputation. They desired that the principle of preference in Government appointments, whole-time and part-time. should be given to returned medical officers.

He assured his hearers that he would do everything he could to advance the interests of the Association and that he was entirely at the disposal of the Branch in every possible way.

Presidential Address.

Mr. Syme called upon the retiring President to deliver his presidential address (see page 523).

Before calling on Sir Henry Maudsley to move a vote of thanks to the retiring President, Mr. Syme stated that the Branch was deeply grateful to Dr. Ramsay Webb for his work as President; could the ordinary procedure have been departed from and Dr. Webb have been reappointed as President, no man could have fulfilled his duties better than he. In the trying times that confronted them he would have been just as efficient as in the past; his only fears were that the Branch would not be as well served this year as last. He trusted to have Dr. Webb's advice and experience in the coming year. No president could carry the affairs of the Branch on his own shoulders. It rested with the members themselves and unless the members of the Branch remained united and resolved to carry on what they had determined on, no president or council could avert disaster.

Sir Henry Maudsley said that he had great pleasure in proposing a vote of thanks to Dr. Ramsay Webb for his most excellent, thoughtful and sincere address. It was one of the best presidential addresses that he had ever listened to and it gave him great pleasure to have been asked to propose the vote of thanks.

Dr. Webb was one of his earliest pupils in this country. In London also he attended the same medical school and gained there his fellowship in the College of Surgeons. Later he practised in London and since coming to Victoria he had proved himself, not only as a doctor endowed with great ability, but as a public citizen whose services had ever been at the command of the State.

The Branch had been carried through very strenuous times and Dr. Webb had put the case very simply before them. They as members should do their utmost to help the medical profession and the Branch during the coming year. He congratulated Dr. Webb on the excellence of his address and for the work done during his year of office. His address was a thoughtful one and made his hearers thoughtful also.

Dr. R. Stawell, in seconding the vote of thanks, said that, during the whole of a man's professional career, the greatest pleasure he could have was the spontaneous appreciation of his work. The dominant feeling that evening was one of appreciation of Dr. Webb as a man. They thanked him for his address, for his year's work and for his great influence upon the profession.

Almost immediately after he returned from a fine, long service abroad in the Army Medical Corps, without any waiting or wavering, he threw himself into the problems of medical work here, striving to make for efficiency in the profession and for the welfare of medical men. He accepted what to them was the most arduous honorary post in the whole of medical work—that of President of this very large Branch. This year's work of home service had been a crowning completion of his four year's work on active service abroad. His example in at once identifying himself with home problems and all the difficulties of medical practice was one that all returned medical officers should follow.

In his position as President, all his experience and ability gave him scope for work which was only possible to an especial few. While they could not imitate his actual example, they could follow his spirit. He identified himself, not with any section, but with the whole body of the profession. In his address he emphasized that every point, that if they were to succeed individually and in numbers in the difficult problems ahead of them, they must be unanimous. There would be difficulties in individual cases and they would not be done away with entirely, but would be lessened, if they could only make the bulk of the profession feel the spirit and example set by Dr. Webb. Dr. Stawell felt that he could not congratulate Dr. Webb too highly on his sacrifice.

Mr. Syme conveyed to the retiring President the thanks of the Branch for the thoughtful, able and inspiring address and for the magnificent work he had done for the Branch during his term of office.

Dr. Webb, in reply, thanked the members for their evidently sincere congratulations on his attempt to carry out the work of the Victorian Branch of the British Medical Association. He was conscious of failure and disappointment, but he thanked them for the kindly charity with which they had regarded it. What gave him greater pleasure than anything else was that this vote of thanks had been moved by Sir Henry Maudsley, seconded by Dr. R. Stawell and had been put to the meeting by Mr. G. A. Syme. Such a combination as this filled him with the greatest pleasure.

Dr. Boyd moved that the address of Dr. Webb should be published immediately in the lay press. It had been the custom years ago to invite the press to the annual meeting and in many cases such a procedure was desirable. It was suggested that a telegram should be forwarded to the Editor, asking his consent to such action. This was seconded by Dr. Kent Hughes and carried unanimously.

Thanks to the Scrutineers.

A vote of thanks was conveyed to the scrutineers, Drs. C. H. Mollison and Reginald Webster, for the arduous task in counting the ballot papers. No less than 368 voting papers had been received; only four were wholly rejected as informal, due to the declaration form not having been included. Dr. Mollison announced that there were forty, like the curate's egg, good in parts. The good had been accepted, while the bad had been rejected. The counting of the ballot had taken eight hours. For the election of 14 members of the Council there had been 43 nominees.

Dr. Clarence A. Mitchell, of Royal North Shore Hospital, St. Leonards, has been elected a member of the New South Wales Branch.

The undermentioned have been elected members of the Victorian Branch:—

T. C. L. Camm, Esq., M.B., Melb., 1902, Brunswick.
Stewart Hills, Esq., M.B., Ch.B. (Melb., 1918), Melbourne Hospital.
Roy Douglas Bartram, Esq., M.B., Ch.B. (1915, Melb.), Women's Hospital.
Olaf François de Lacy, Esq., M.B., Ch.B. (1915, Melb.), Women's Hospital.
Hartley Rowland Walker, Esq., M.B., Ch.B. (1917, Melb.), Women's Hospital.

The undermentioned have been elected members of the Queensland Branch:—

George Pender Smith, Esq., L.S.A., Lond., 1892, Ipswich.
Gerald Francis Brade, Esq., M.B., 1899 (Univ. Sydney), Nundah.

We have been requested to publish the following memorandum for the information of members of the New South Wales Branch:—

Manchester Unity Independent Order of Oddfellows (New South Wales) Life Assurance Scheme.

The Manchester Unity Independent Order of Oddfellows, Grand Lodge, New South Wales, proposes to introduce a life assurance scheme, for which medical examination is to be compulsory, for the benefit of the members of the society.

Members of the New South Wales Branch in many places have been approached by the secretaries of the local Manchester Unity Independent Order of Oddfellows lodges to ask if they are prepared to examine and report upon members for a fee of 10s. 6d.. For the information of members, the rule of the New South Wales Branch is published, as follows:—

> Where the amount of the policy does not exceed £100 and no secretion is required to be examined and the report is on a short form, corresponding with the Form 76A of the Mutual Life and Citizens' Insurance Company, Limited, the fee is to be not less than 10s. 6d.. In all other cases, the minimum fee is to be £1 1s..

R. H. TODD,
Honorary Secretary, New South Wales Branch.

Naval and Military.

APPOINTMENTS.

The following termination of appointments are notified in the *Commonwealth of Australia Gazette*, No. 135, of December 11, 1919:—

Australian Imperial Force.

APPOINTMENTS TERMINATED.

Second Military District.

Lieutenant-Colonel G. Raffan, 11th November, 1919.
Major J. J. Hollywood, 19th August, 1916.
Major H. M. North, 21st October, 1919.
Major H. O. Lethbridge, M.B.E., 23rd November, 1919.
Captain G. S. Hill, 21st October, 1919.
Captain E. Tyrie, 5th October, 1919.

Third Military District.

Major P. S. Webster, 28th September, 1919.
Captain J. P. Farrell, 18th October, 1919.
Captain C. Maxwell, 6th October, 1919.

Fifth Military District.

Lieutenant-Colonel V. O. Stacy, O.B.E., 14th November, 1919.

Hospitals.

ST. VINCENT'S HOSPITAL, SYDNEY.

The annual report of the St. Vincent's Hospital, Sydney, has been in our possession for several months. It is contained in a well-illustrated booklet, together with other interesting information concerning the hospital.

During the course of the year 1918 2,709 patients were admitted, in addition to the 152 in the hospital on the first day of the year. The number of deaths was 89, while 2,648 patients were discharged. The mortality was 3.26%, calculated according to the usual formula and not 3.1%, as stated in the report. Of the 89 deaths, 15 took place within 24 hours of admission. The total number of operations performed was 2,680. In the out-patient departments no less than 34,993 patients received attendance. The maximum number of patients admitted in any one year was 3,151 (1917). During the four years 1914-1917 over 3,000 patients were admitted. While there was a slight decrease in the number of admissions to the wards in 1918, there was a distinct increment in the number of out-patients.

During the course of the year plans were prepared and passed for the re-building of the front of the hospital and for the erection of a third story. The new building will provide additional accommodation for patients. In regard to the honorary staff, a large number of the previously appointed medical officers were re-appointed, while six new appointments were made. Captain A. W. M. d'Apice was appointed Honorary Secretary in succession to the Honourable John Lane Mullins, M.L.C., the Honorary Treasurer of the institution.

A Roll of Honour, embracing the names of members of the staff of St. Vincent's Hospital who have given their services to the Empire during the war is published. The names of Roger Forrest Hughes, John McCloskey, a wardsman, and of Herman Berry, a wardsman, all of whom were killed in action, occupy prominent positions in the lists. An excellent portrait of Matron A. G. Cashin, who earned the distinction of the Royal Red Cross and Bar, is reproduced in association with the Roll of Honour. This excellent woman has been on active service since the first month of the war and was still on duty when the report was issued.

Under the caption of obituary appeared notices of the death of Sister Mary Ignatius D'Arcy, of Dr. Percy Clifford and of Dr. George Lane Mullins. The record of Dr. Lane Mullins's career, which appeared in *The Medical Journal of Australia*, is reproduced.

In regard to the medical work of the institution, the only information given is contained in tables setting forth the diseases from which the patients suffered, the condition of the patients on discharge and the number of those who died, the ages of the patients suffering from the various diseases, the religion of the patients, the nature of the operations performed and general summaries of the work conducted in the Department of Pathology and Vaccine Therapy, in the Department for Diseases of the Eye, in the Massage and Electro-therapeutical Department and in the Radium and Radiographic Departments. The information contained in these statistical records does not lend itself to reproduction in a summarized form. It is useful for purposes of reference.

MEDICAL APPOINTMENTS IN MESOPOTAMIA.

We have been requested by the Warden of the University of Sydney to bring the following paragraphs to the notice of members of the medical profession:—

Cable messages have been received from the civil administration of Mesopotamia, stating that six medical practitioners are required. The duties will consist of general practice, especially sanitation, tropical medicine, ophthalmic medicine and surgery and the treatment of venereal diseases.

The authorities seek men who have had experience in the backblocks or eastern theatres of war, if possible; men of good physique, athletic, public school men, with war experience, preferred.

The contract will be for one year, renewable for a further two years, and the salary will be at the rate of 750 rupees per month, with special terms for specially qualified, experienced men. Free passage both ways, free house and rations, two months leave for each year of service.

Application should be made to the Warden of the University of Sydney.

A COMMISSION ON MINERS' DISEASES.

The New South Wales Government, acting on the recommendations of the Board of Trade, have commissioned Professor H. G. Chapman to undertake a technical inquiry into the prevalence of certain forms of occupational disease among the miners of Broken Hill. We understand that investigations will be made to ascertain the frequency of the various forms of pneumoconiosis and of pulmonary tuberculosis and will cover many other questions of primary importance in industrial hygiene. It is probable that Professor Chapman will be associated with a physician of considerable experience in pulmonary affections, with a radiologist of standing and with an expert hygienist. The investigations will be conducted to a great extent in Broken Hill and will not be concluded under six months. It will be necessary to set up X-ray plant of the most modern type, as the apparatus available in Broken Hill is incapable of meeting the requirements of the research. The expenditure of a considerable amount of money on this plant is necessary. It is, however, an economical expenditure, as the apparatus could be handed over to the Broken Hill and District Hospital at the end of the time. It is to be hoped that arrangements will be made to include an anchylostomiasis survey in the scope of the commission. We regard the appointment of this commission as an important event in the history of industrial hygiene in the Commonwealth.

Special Correspondence.

LONDON LETTER.

A New Research Fellowship for Guy's Hospital.

A research fellowship has been founded at Guy's Hospital, in memory of the late Lieutenant Ronald William Poulton Palmer, B.A., Royal Berkshire Regiment, who was killed in action in Flanders on May 5, 1915, and of his sister, the late Mrs. Emily Hilda Ainley Walker, who died on August 6, 1917.

The fellowship will be known as the "Hilda and Ronald Poulton Fellowship." Its object will be to investigate the origin, progress, treatment and cure of obscure diseases in man and its annual value will be £150. It may be held simultaneously with a teaching post at the medical school, on condition that the fellow devotes at least half his time to research.

The fellowship has been founded by the family and near relations of Mrs. Ainley Walker and Lieutenant R. W. Poulton Palmer, in the hope that others may follow their example. It has been made intentionally of wide scope, because, in the view of the founders, it is unprofitable to endow research in any one particular disease, since advances are made along different lines at different times, largely depending on the elaboration of methods of investigation.

The Medals of the Royal Society.

The Royal Society has awarded in 1918 medals as follows:

The Copley Medal to Professor H. A. Lorentz, of Leyden, Foreign Member of the Royal Society, for his distinguished researches in mathematical physics.

The Rumford Medal to Professor Charles Fabry and Dr. Alfred Perot (jointly) for their contributions to optics.

Royal Medals to Professor Alfred Fowler, F.R.S., for his distinguished researches on physical astronomy and spectroscopy; and Professor F. G. Hopkins, F.R.S., for his researches in chemical physiology.

The Davy Medal to Professor F. S. Kipping, F.R.S., for his studies in the camphor group and among the organic derivatives of nitrogen and silicon.

The Darwin Medal to Dr. H. F. Osborn, of New York, for his valuable researches on vertebrate morphology and palæontology.

The Hughes Medal to Mr. Irving Langmuir, of Schenectady, for his researches in molecular physics.

The Royal Society.

The following have been recommended by the President and Council of the Royal Society for election into the Council for the ensuing year:—

President: Sir James Thomson.

Treasurer: Sir Alfred Kempe.

Secretaries: Professor Arthur Schuster and Mr. William Bate Hardy.

Foreign Secretary: Professor William Herdman.

Other Members of the Council: Sir George Beilby, Professor Vernon Blackman, Mr. Charles V. Boys, Sir James Dobbie, Sir Frank Dyson, Dr. Martin Forster, Professor Frederick Gamble, Dr. James W. L. Glaisher, Sir Richard Glazebrook, Sir Alfred Hall, Sir William Leishman, Professor William J. Pope, Dr. W. H. R. Rivers, Professor Ernest Starling, Mr. James Swinburne and Professor William W. Watts.

Correspondence.

A QUESTION OF PRIVILEGE.

Sir,—Will you please inform me whether a practitioner who has attended a man suffering balanitis and gonorrhœal rheumatism can give evidence in the divorce case where the wife is suing for divorce and requires medical evidence of venereal disease?

Does the fact of his attendance on the husband debar a practitioner from using the information so acquired?

Yours, etc.,

"MILES."

[A medical practitioner, when in the witness box, can be compelled to disclose information gained in the course of his professional relations with his patient. He may, however, appeal to the Judge not to order him to reply to questions involving a disclosure of such information, on the ground that professional secrecy should not be violated. He is not justified, without his patient's consent, in divulging the information to anyone when he is not in the witness box.

The Victorian law in regard to evidence in civil cases is different. Section 55 of the *Evidence Act* (Victoria) reads:

> No physician or surgeon shall, without the consent of his patient, divulge in any civil suit, action or proceeding (unless the sanity of the patient be the matter in dispute) any information which he may have acquired in attending the patient and which was necessary to enable him to prescribe or act for the patient.

In New Zealand a medical practitioner cannot be compelled by the Court in civil cases to disclose professional secrets.

In 1915 the Council of the British Medical Association in London issued the following memorandum (see the *British Medical Journal*, Supplement, 1915, Volume I., page 184):—

> The Council is advised that the State has no right to claim that an obligation rests upon a medical practitioner to disclose, except under compulsion of law, information which was obtained in the exercise of his professional duties.

The Council of the New South Wales Branch of the British Medical Association passed the following resolution on October 5, 1915:—

> That the Council is of opinion that a medical practitioner should not under any circumstances disclose, except under compulsion of law, without the patient's consent, information which he has obtained from the patient in the exercise of his professional duties.

We may add that there is nothing in any of the venereal diseases acts of the several States of the Commonwealth that could compel a medical practitioner to divulge in a divorce suit the existence of a venereal infection in his patient.—Ed.]

Proceedings of the Australian Medical Boards.

NEW SOUTH WALES.

The undermentioned have been registered, under the provisions of the *Medical Act, 1912 and 1915*, as duly qualified medical practitioners:—

Charlton, Noel Benson, M.B., Mas. Surg., 1918; Univ. Sydney, No. 4 Australian General Hospital, Randwick.

Darby, Leonard, M.B., Bac. Surg., 1912; Univ. Melbourne, Garden Island.

Donovan, Charles Owen Gregory, M.B., Bac. Surg., 1915; Univ. Sydney, Sydney Hospital.

Earnshaw, Percy Alan, M.B., Mas. Surg., 1916; Univ. Sydney, England.

Fraser, Alexander Clow, M.B., Bac. Surg., 1915; Univ. Melbourne, c/o. Rev. A. J. Wade, North Sydney.

Rankine, Roger Aiken, M.R.C.S., Eng., L.R.C.P., Lond., 1909; M.B., B.S., Lond., 1909, c/o. Bank of New South Wales, Newcastle.

Upton, William Carrick Tunk, M.B., Mas. Surg., 1919; Univ. Sydney, Royal Prince Alfred Hospital.

QUEENSLAND.

The undermentioned have been registered, under the provisions of *The Medical Act of 1867*, as duly qualified medical practitioners:—

Cooney, Thomas Lee, M.B., 1919 (Univ. Sydney), Ipswich.

Grant, Mavis Victoria, M.B., Ch.M., 1918 (Univ. Sydney), Children's Hospital, Brisbane.

O'Neill, Vennard Francis Aloysius, M.B., Ch.M., 1918 (Univ. Sydney), Charters Towers.

Craig, Robert Fulton, M.B., Ch.B., 1914 (Univ. Melb.), Innisfail Hospital.

Darton, William Reginald, M.B., Ch.M., 1919 (Univ. Sydney), Toowoomba.
Davis, David Aubrey Arnot, M.B., 1916 (Univ. Sydney), Taroom.

Medical Appointments.

The appointment from November 17, 1919, of Dr. C. G. Godfrey (B.M.A.) as Government Medical Officer of Class "A" in the Professional Division is announced in the *Victoria Gazette* of December 3, 1919.

Dr. C. J. Rutledge has been appointed an Officer of Health for Iron Knob, Hummock Hill and district, South Australia.

The resignation from December 31, 1919, of Dr. A. Krakowsky (B.M.A.) as an Officer of Health for Berri and district, South Australia, has been accepted.

Dr. F. H. Thornton (B.M.A.) has been appointed by the Treasury, under the provisions of the *Pensions Act*, as Medical Referee for the Hillston District, New South Wales.

Dr. Mervyn A. Archdall (B.M.A.) has been appointed Government Medical Officer at Coonamble and Dr. Reginald A. Fitzherbert (B.M.A.) at Stroud, New South Wales.

Under the provisions of the *Workers' Compensation Act, 1915*, the undermentioned appointments of certifying medical practitioners and medical referees have been made:—

Melbourne.—Certifying Medical Practitioners: Dr. Harrie Bertie Lee (B.M.A.) and Dr. Rupert Major Downes (B.M.A.). Medical Referee: Dr. Rupert Major Downes (B.M.A.).
Camberwell.—Certifying Medical Practitioner: Dr. Walter Cecil Marsden (B.M.A.).
Morwell.—Certifying Medical Practitioner: Dr. Hugh William Fancourt Mitchell (B.M.A.). Medical Referee: Dr. Hugh William Fancourt Mitchell (B.M.A.).
Murchison.—Certifying Medical Practitioner: Dr. Annie Lester Bennett (B.M.A.).

Medical Appointments Vacant, etc.

For announcements of medical appointments vacant, assistants, locum tenentes sought, etc., see "Advertiser," page xxi.

Department of Public Health, Sydney: Junior Assistant Medical Officer, State Hospital and Asylum, Rookwood.
Victorian Eye and Ear Hospital: Resident Surgeon.
Croydon District Hospital, North Queensland; Medical Officer.

Medical Appointments.

IMPORTANT NOTICE.

Medical practitioners are requested not to apply for any appointment referred to in the following table, without having first communicated with the Honorary Secretary of the Branch named in the first column, or with the Medical Secretary of the British Medical Association, 429 Strand, London, W.C.

Branch.	APPOINTMENTS.
VICTORIA. (Hon. Sec., Medical Society Hall, East Melbourne.)	All Friendly Society Lodges, Institutes, Medical Dispensaries and other Contract Practice. Australian Prudential Association Proprietary, Limited. Mutual National Provident Club. National Provident Association.
QUEENSLAND. (Hon. Sec., B.M.A. Building, Adelaide Street, Brisbane.)	Australian Natives' Association. Brisbane United Friendly Society Institute. Cloncurry Hospital.
TASMANIA. (Hon. Sec., Macquarie Street, Hobart.)	Medical Officers in all State-aided Hospitals in Tasmania.
SOUTH AUSTRALIA. (Hon. Sec., 3 North Terrace, Adelaide.)	Contract Practice Appointments at Renmark. Contract Practice Appointments in South Australia.
WESTERN AUSTRALIA. (Hon. Sec., 6 Bank of New South Wales Chambers, St. George's Terrace, Perth.	All Contract Practice Appointments in Western Australia.
NEW SOUTH WALES. (Hon. Sec., 30-34 Elizabeth Street, Sydney.)	Australian Natives' Association. Balmain United Friendly Societies' Dispensary. Canterbury United Friendly Societies' Dispensary. Friendly Society Lodges at Casino. Friendly Society Lodges at Lithgow. Friendly Society Lodges at Parramatta, Auburn and Lidcombe. Leichhardt and Petersham Dispensary. Manchester Unity Oddfellows' Medical Institute, Elizabeth Street, Sydney. Marrickville United Friendly Societies' Dispensary. Newcastle Collieries—Killingworth, Seaham Nos. 1 and 2, West Wallsend. North Sydney United Friendly Societies. People's Prudential Benefit Society. Phœnix Mutual Provident Society.
NEW ZEALAND: WELLINGTON DIVISION. (Hon. Sec., Wellington.)	Friendly Society Lodges, Wellington, New Zealand.

Diary for the Month.

Dec. 26.—Q. Branch, B.M.A., Council.
Jan. 6.—N.S.W. Branch, B.M.A., Council (Quarterly).
Jan. 6.—Tas. Branch, B.M.A., Branch and Council.
Jan. 9.—Q. Branch, B.M.A., Council.
Jan. 9.—S. Aust. Branch, B.M.A., Council.
Jan. 13.—N.S.W. Branch, B.M.A., Executive and Finance Committee; Ethics Committee.
Jan. 15.—Vic. Branch, B.M.A., Council.
Jan. 17.—Northern Suburbs Med. Assoc. (N.S.W.).
Jan. 20.—Tas. Branch, B.M.A., Branch and Council.
Jan. 20.—N.S.W. Branch, B.M.A., Medical Politics Committee; Organization and Science Committee.

EDITORIAL NOTICES.

Manuscripts forwarded to the office of this journal cannot under any circumstances be returned.

Original articles forwarded for publication are understood to be offered to *The Medical Journal of Australia* alone, unless the contrary be stated.

All communications should be addressed to "The Editor," *The Medical Journal of Australia*, B.M.A. Building, 30-34 Elizabeth Street, Sydney.